AN EVALUATION OF PSYCHOANALYTIC MODELS OF FEMALE HOMOSEXUALITY

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ABSTRACT

An evaluation of psychoanalytic models of female homosexuality

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Although homosexuality is no longer officially classified as a psychiatric illness in the Diagnostic and Statistical Manual of Mental Disorders, it is nevertheless considered to be psychopathological by a number of mental health practitioners, more often than not, those within the psychoanalytic tradition. Although there have been several recent and noteworthy attempts to correct for this bias, psychoanalytic theory has generally failed to adequately reflect shifting ideas about homosexuality within the larger psychological and psychiatric communities. This has been due to a variety of factors, most notably the lack of methodologically sound psychoanalytically informed research upon which to revise existing models.

The objective of the current study was twofold; to fill a gap in the existing psychoanalytic database on female homosexuality, and to evaluate current psychoanalytic models of homosexuality in light of the data collected. To correct for bias in previous research, the current study compared a non-clinical, community sample of lesbians to a control group of female heterosexuals on a variety of outcome measures designed to assess psychological functioning,

including the SCL-90-R, the Object Representation Inventory, the Assessment of Self Descriptions and a modified version of this scale, designed to measure gender identity.

When the two groups were compared, there were no statistically significant differences between the groups on any of the measures utilized, thus lending little support for those models which continue to pathologize homosexuality. Although no differences were observed in the area of psychopathology, interesting but non-psychopathological differences emerged between the two groups in several areas. These included: the ways in which sexual identity was differentially constructed in each of the two groups, the ways in which sexual orientation status mediated gender identity and the ways in which gender emerged as an aspect of self for both groups.

Implications for future research are discussed, including the necessity of developing normative models of homosexual identity and development, the importance of cross-validating the current study using a larger and more heterogeneous sample and finally, the possibility of utilizing an analogous research design to assess psychoanalytic models of male homosexuality.

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This project is lovingly dedicated to the memory of my father Leonard Green, who would have been proud.

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CHAPTER I. INTRODUCTION

The year is 1941. A Navy memorandum is circulated which outlines the basis of the military's exclusion of blacks. It states,

> "The close and intimate conditions of life aboard ship, the necessity for the highest possible degree of unity and espirit-de-corps; the requirement of morale--all of these demand that nothing be done which adversely affect the situation. Past experience has shown irrefutably that the enlistment of Negroes (other than for mess attendants) leads to disruptive and undermining conditions. It should be pointed out in this connection that one of the principal objectives of subversive agents in this country in attempting to break down existing efficient organization is by demanding participation for 'minorities' in all aspects of defense, especially when such participation tends to disrupt present smooth working conditions," (Human RightsCampaign Fund, 1991).

In 1948, President Harry Truman signed an Executive Order requiring the military to integrate racial minorities.

The year is 1992. Lesbians and gay men are officially barred from military service under Directive 1332.14. It states,

> "It has long been the policy of the Department of Defense that homosexuality is incompatible with military service. The presence of homosexuals in the military adversely affects the ability of the Armed Forces to maintain discipline, good order, and morale; to foster mutual trust and confidence among members; to ensure the integrity of the system of rank and command; to facilitate assignment and worldwide deployment of members who frequently must live and work under close conditions affording minimal privacy: to maintain the public acceptability of military

> service: and, in certain circumstances, to prevent breaches of security," (Human Rights Campaign Fund, 1991).

Accordingly, thousands of homosexual recruits have been turned down for the military service over the years and homosexual service members have been at constant risk of exposure and discharge.

By 1993, the military policy is overturned in favor of a "don't ask, don't tell" approach. According to this novel approach, potential recruits and active service members are no longer asked about their sexuality, and sexual orientation per se can no longer be grounds for discharge or dismissal. However, any homosexual *behavior*, either on or off the military base, remains unacceptable and any military personnel suspected of engaging in such behavior will immediately be investigated. If found guilty of such behavior, immediate dismissal without benefits is warranted. Thus, although the revised policy allows for the presence of gays and lesbians in the military, it continues to prohibit the full expression of a homosexual lifestyle.

The year is 1992. Pat Buchanan, a 1992 Republican Presidential nomination and a contender for the nomination in 1996, makes a number of anti-homosexual references in his speech to the floor at the '92 Republican National Convention. He lists homosexual rights (along with abortion on demand and women in combat) in a list of negatives that he claims the Democratic nominee, Bill Clinton, will impose on the nation if elected. Warning the electorate, he

states, " it's not the kind of change we can tolerate in a nation we still call God's country." The 1992 Republican National Platform also includes a reference to homosexuals: "We oppose efforts by the Democratic Party to include sexual preference as a protected minority receiving preferential status under civil rights statutes at the Federal, state and local level."

In fact, the estimated 25 million American gay and lesbian citizens do not currently benefit from the federal protections extended to other minority groups, such as women, African-Americans, Latinos, etc. The effort to extend such protections by the enactment of the Lesbian and Gay Civil Rights Amendments Act, Bills S. 574 and HR 1430, was soundly defeated in 1991. Introduced on March 6, 1991 in the Senate by Senator Alan Cranston (D-CA) and in the House by the late Representative Ted Weiss (D-NY) on March 13, 1991, only 93 Representatives and 13 Senators voted in support of the legislation. Currently only seven states - District of Columbia, Vermont, New Jersey, Wisconsin, Massachusetts, Connecticut and Hawaii - have comprehensive state statutes outlawing discrimination based on sexual orientation. At least thirteen states including: New York, Rhode Island, Pennsylvania, Ohio, Michigan, Illinois, Minnesota and Washington, have banned such discrimination in public employment. Why the need for such protection under the law, and why such opposition to the passage of such legislation? Why the recent anti-gay backlash in such places as Oregon, Colorado and Portland, Maine? Although the much

publicized Ballot Measure 9, which would have amended the Oregon state constitution to classify homosexuality as "abnormal, wrong, unnatural or perverse," did not pass in November 1992, it was defeated by a fairly narrow margin. Had the measure passed, it would have been up to the government to actively discourage homosexuality - and homosexuals- at all levels of state authority. Current efforts are under way to reintroduce a similar initiative in the 1996 Oregon elections. In Colorado, Amendment 2 which prohibits any community from passing laws to protect homosexuals from discrimination was state law until the recent supreme court decision which overturned it. And finally in Portland, Maine, citizens voted to repeal the city's recently adopted ordinance barring discrimination against lesbians and gays.

Though same-sex contact has existed since the beginning of recorded time (Boswell, 1989), lesbians and gay men have historically been the targets of discriminatory and biased practices. According to the social historian Vern Bullough (1976), most pre-modern and modern Western societies have overwhelmingly disapproved of homosexual contact. Homosexual contact, as well as non-procreative heterosexual contact, has alternatively been viewed as unnatural, sinful, perverse and criminal. The belief that homosexuals are mentally ill or that homosexuality is symptomatic of a more comprehensive mental disorder is still held in certain circles, despite sound scientific evidence to the contrary.

Questions of morality regarding homosexual behavior cannot be answered through scientific investigations. Such questions touch upon the personal beliefs and values of the individual. History has shown us time and time again that bigoted and prejudiced ideas can flourish regardless of the presence of contradictory evidence, e.g., the belief that blacks are inferior to whites, that women are inferior to men, that old people grow senile and useless. Such beliefs, like the belief that homosexuals are in some way damaged human beings, serve to maintain a status quo where the "dominant" group seeks to consolidate its influence and power. The extreme of such a set up is the Apartheid system in South Africa, where a minority of whites attempted to maintain their position vis a vis the black majority by evoking bogus claims of superiority and God-given providence.

Contemporary social scientific opinion regarding homosexuality does not represent a uniform set of ideas. It is noteworthy, however, that in 1996 no major medical or mental health professional organization in the United States considers same-sex contact to be an illness. This of course was not always the case. This shift within the mental health community, i.e., from the conceptualization of homosexuality as an illness to the belief that homosexuality represents an alternative, but acceptable lifestyle, is best understood within a larger historical framework.

Homosexuality and Organized Mental Health

On June 27, 1969, the police raided the Stonewall Inn, a small gay bar on Christopher Street in New York City's Greenwich Village. Such raids were common practice in those days, and were part of a larger program of systematic police harassment of the gay community (Teal, 1971). Typically, the police would force themselves into the gay establishment, arrest management, destroy property and throw the patrons out to the street. Also typical was the patron's and management passive cooperation. But on the evening of June 27, a very different scenario played itself out. The patrons literally fought back, and the police, unprepared for such resistance, barricaded themselves inside the bar until reinforcements arrived. Over the course of the next several nights, gay activists staged a number of street demonstrations and confrontations. Within a month, two very active and influential homophile movements were born: the Gay Liberation Front (GLF) and the Gay Activist Alliance (GAA).

By the early 70's, a growing homophile movement began to forcefully and systematically challenge traditional orthodoxy regarding homosexuality. Initially focusing on legal and religious doctrines, the movement soon turned to the "helping" professions, i.e., those who were in the business of "curing" the homosexual from his or her disorder. These activists, who used non-traditional methods of confrontation (e.g., "zapping," a practice whereby formal meetings

would be interrupted and disrupted - not unlike the tactics used today by such groups as Act-Up) won a number of early victories and exerted a social influence which extended far into mainstream culture. By 1971, Gay Pride Day in New York City had already become a cultural institution attracting an estimated 5,000 to 10,000 people (Humphreys, 1972). By early 1972, five states - Colorado, Connecticut, Idaho, Illinois and Oregon - had passed laws to decriminalize consensual homosexual acts between adults. Due to increasing pressure that same year, the National Institute of Mental Health called together a special task force of experts to investigate and reevaluate existing knowledge and research on homosexuality (National Institute of Mental Health, 1972).

The first mention in the literature of a confrontation between gay activists and mental health professionals was on May 14, 1970 at the annual meeting of the American Psychiatric Association. At a paper session on aversion therapy as a means of treating homosexuals, a gay activist in the audience shouted at Dr. Irving Beiber, a prominent psychoanalyst, and his colleagues,

> "You are the pigs who make it possible for the cops to beat homosexuals: they call us queer: you - so politely - call us sick. But it's the same thing. You make possible the beatings and rapes in prison, you are implicated in the torturous cures perpetrated on desperate homosexuals" (Quoted in Teal, 1971, p.295).

Later that year, similar confrontations were staged at meetings of the

American Medical Association against Dr. Charles Socarides, a prominent psychoanalyst, at a nurses convention and at the annual meeting of the American Psychological Association in Los Angeles. At the close of this last meeting, a gay activist stood up to address the psychologists, stating,

> "Large meetings such as the one you have had here today happen in Los Angeles each year. Most of them come and go and nobody but the families of those involved know that they came . . but we noticed you, and this little episode we had with you this morning is going out on the wires right now, and everybody in the country is being told that psychologists and homosexuals were talking together and we think that's news." (Quoted in Teal, 1971, p. 300).

While the newly formed gay liberation movement was stepping up its challenges to traditional illness models of homosexuality, a number of prominent psychiatrists and psychologists began to question such models as well. In his 1965 work entitled *Sexual Inversion*, highly respected and influential psychiatrist Judd Marmor suggested the following,

> "We must conclude that there is nothing inherently 'unnatural' about life experiences that predispose an individual to a preference for homosexual object-relations *except insofar as this preference represents a socially condemned form of behavior in our culture and consequently carries with it certain sanctions* and *handicaps* . . . The scientist must approach his data nonevaluatively; homosexual behavior and heterosexual behavior are merely different areas on a broad spectrum of human sexual behavior," (Marmor, 1965. pp. 16-17).

By 1971, Marmor, then vice-president of the American Psychiatric Association, began to informally raise the issue of officially dropping the diagnosis of homosexuality as a psychiatric condition from the Diagnostic and Statistical Manual (DSM).

Also leveling harsh criticism was Dr. Thomas Szasz. In his 1970 The *Manufacture of Madness*, Szasz states,

> "In stubbornly insisting that the homosexual is sick, the psychiatrist is merely pleading to be accepted as a physician . . . psychiatric opinion about homosexuals is not a scientific proposition but a medical prejudice," (Szasz, 1970. pp.173-174).

Dr. Seymour Halleck in his 1971 book The *Politics of Therapy*, added his voice to those within the psychiatric establishment who were questioning traditional models:

> "Psychiatrists insist that homosexuality should be treated as an illness (see for example, Socarides, 1968) yet there is no convincing evidence that the homosexual differs in any profound biological or psychological manner from the heterosexual . . . there . . . is no justification, even in terms of social expediency, for thinking of consenting adult homosexuality as an illness," (Halleck, 1971. pp.107-108).

And finally, psychiatrist Richard Green responded to the debate as follows:

> "What I question . . . is the given state of 'knowledge' that homosexuality is by definition a 'disorder,' a disease,' or an 'illness' . . . that orgasms between males and females are by definition better than between females and females or males and males, that the components comprising the major factor, 'love,' are by definition superior between males and females to between males and males or females and females. I am not convinced we have the data by which to base these judgments. I question them because they are not proved," (Green, 1972. p.95).

At the 1973 annual meeting of the American Psychiatric Association, Dr. Robert Spitzer, a member of the APA's Committee on Nomenclature and Statistics organized a panel entitled, "Should Homosexuality be in the APA Nomenclature?" Arguing in favor of changing the classification of homosexuality was Robert Stoller, Judd Marmor and Richard Green. Arguing in favor of the disease model of homosexuality and against a diagnostic shift were Charles Socarides and Irving Beiber. The only non-physician on the panel was Ronald Gold, a gay liberation activist.

In November of 1973, the panelist's papers were published in the American Journal of Psychiatry along with Spitzer's own position (Spitzer, 1973). Spitzer took a middle ground position, insisting that homosexuality was neither as normal as heterosexuality nor a psychiatric condition. He proposed instead the term "sexual orientation disturbance" to refer to such persons who are "troubled by or dissatisfied with their homosexual feelings or behavior." When the APA Board of Trustees met in December 1973, to consider the panel's

findings and the proposed diagnostic revisions, they voted to essentially adopt Spitzer's recommendations. The new diagnosis which would replace Homosexuality (302.0) in the official diagnostic manual was to be Spitzer's "Sexual Orientation Disturbance." According to an APA press release (APA, December 15, 1973), the approved change of DSM II read as follows:

> "This category is for individuals whose sexual interests are directed primarily toward people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation. This diagnostic category is distinguished from homosexuality, which by itself does not necessarily constitute a psychiatric disorder," (APA, 1973).

The Association went one step further and approved a far-reaching civil rights proposal for lesbians and gay men,

> "Whereas homosexuality in and of itself implies no impairment in judgment, stability, reliability, or vocational capacities, therefore, be it resolved, that the American Psychiatric Association deplores all public and private discrimination against homosexuals in such areas as employment, housing, public Accommodation, and licensing, and declares that no burden of proof of such judgement, capacity, or reliability shall be placed on homosexuals greater than that imposed on any other persons. Further, the APA supports and urges the enactment of civil rights legislation at local, state, and federal levels that would insure homosexual citizens the same protections now guaranteed to others. Further, the APA supports and urges the repeal of all legislation making criminal offenses of sexual acts performed by consenting adults in private, (APA, 1973)."

In the spring of 1973, an AD Hoc Committee Against the Deletion of Homosexuality from the DSM II was organized under the leadership of Irving Bieber and Charles Socarides. They were supported in their efforts by a number of prominent analysts and by the Association for Psychoanalytic Medicine in their continued claim that exclusive homosexuality was a form of "disordered psychosexual development" resulting from early childhood experiences. The committee's full findings were published in the International Journal of Psychiatry in 1973.

Three months of political campaigning by both sides followed. Finally, a referendum of the entire Association membership was agreed upon and in April 1974, such a vote was held. Fifty eight % of the Association's 18,000 members responded, with 58% of that favoring the proposed change, 38% opposing it and 4% having no opinion (Bayer, 1981, Hite, 1974). At this same election, Judd Marmor, a proponent of change was elected Association president.

Over the next several years, several other professional mental health organizations followed suit. In 1975, the American Psychological Association came out in support of the action taken by the American Psychiatric Association to remove homosexuality per se from its official list of mental disorders. By 1980, "Sexual Orientation Disturbance" was renamed "Ego -dystonic Homosexuality (APA, 1980) in the updated edition of the Diagnostic and

Statistical Manual of Mental Disorders (DSM III), although the category remained essentially the same. However, by 1987, when the third edition of DSM III was revised (DSM III-R), even this diagnosis was removed. The only remaining diagnostic reference to homosexuality in the DSM III-R is under the general category 302.99, "Sexual Disorder Not Otherwise Specified." Here, persistent and marked distress about one's sexual orientation is offered as a possible example of what may be appropriately classified under this diagnostic category. This trend has continued with the publication of DSM-IV, where a diagnosis of Sexual Disorder Not Otherwise Specified (302.9) can be given to those with "persistent and marked distress about sexual orientation."

Statement of Purpose

Over the last twenty years, there has been a radical shift in the relationship between organized mental health and the homosexual community. Rather than being adversarial, there has rather developed a fairly collaborative relationship between many mental heath practitioners, mental health organizations and their lesbian and gay clientele. As recently as 1990, the American Psychological Association published, "*A Selected Bibliography of Lesbian and Gay Concerns in Psychology: An Affirmative Perspective,*" (underline added). Contrast this with historian Martin Duberman's recent autobiography, *Cures: A Gay Man's Odyssey,* (1992), a nightmarish chronicle of

Mr. Duberman's attempts to "cure" himself of his homosexuality with the full help of a cadre of psychological experts and therapists in the pre-Stonewall days.

And yet, the official policy statements of such groups as the APA in no way reflect a consensus of opinion about homosexuality among mental health "experts." Throughout the debates and discussions in the early 70's, there were a number of practitioners who strongly dissented with the changing tide of opinion. More often than not, those who opposed such a shift were psychoanalytic theorists and clinicians. And to the extent that such debates and discussions regarding the illness model of homosexuality continue, those who are most theoretically wed to such illness models tend to be psychoanalysts. With some very recent and notable exceptions, e.g., Kenneth Lewes work, *The Psychoanalytic Theory of Male Homosexuality* (1988), Richard Freedman's book *Male Homosexuality*, (1988), and Richard Isay's *Being Homosexual*, (1989), psychoanalytic theory has tended to either ignore the subject of homosexuality or implicitly accept outdated models. Though the works cited above represent a palpable shift in psychoanalysis's relationship to this very important issue, they represent the work of only a few analysts and are almost entirely dedicated to a reexamination of psychoanalytic theory as it pertains to male homosexuality. Comprehensive psychoanalytic models of lesbianism are almost nonexistent. At present the "premier" work on female homosexuality within the psychoanalytic

world is Elaine Siegel's work, *Female homosexuality: choice without volition* (1988), whereby she recounts the analyses of eleven of her lesbian patients.

The question: why psychoanalysis has singled itself out as the spokesperson for the illness model of homosexuality is a complicated and difficult one to answer. Much of the evidence (to be reviewed below) that homosexuals are not as a group dysfunctional and psychically wounded individuals, comes from non-psychoanalytic methods of inquiry and tends to concern itself with non-psychoanalytic parameters. In other words, such research tends to focus on issues of adaptation, overt behavior, conscious experience, etc., not on such things as unconscious processes, the inner life and mental representations - concepts which are basic to any psychoanalytic inquiry. Thus, experiments of the first order can be dismissed by psychoanalysis as superficial and meaningless. The homosexual can be shown to function well enough, but what about the workings of the gay or lesbian inner world? The outside may in no way reflect the experience of the inside. And it is this "inside" that is the proper domain of psychoanalysis.

Further, there are obvious methodological differences between psychoanalytic and non-psychoanalytic experimentation. Psychoanalytic developmental theory has historically been a by-product of the clinical interaction between patient and analyst. Such theories can then be subjected to more

rigorous methods of inquiry to ascertain their more general usefulness and validity. As will be reviewed below, there has been some attempt to empirically test analytic models of homosexuality, but such efforts have been largely unsuccessful from a methodological point of view. Typically, such experimentation was confounded by the use of small samples, the use of clinical and criminal samples, the failure to rigorously operationalize terminology, the failure to establish a null hypothesis, the tendency to confuse gender identity with sexual orientation, etc.

Finally, Lewes (1988), suggests another interesting explanation for the analytic failure to more diligently deal with the subject of homosexuality. Calling it psychoanalysis's gynecophobic stance, Lewes suggests that (male) homosexuals have historically been seen as deeply flawed and defective because they share certain psychic characteristics with women - another group which traditional psychoanalysis has tended to pathologize. The mechanisms that lead to (male) homosexual object choice, namely identification with mother and the narcissistic choice of objects are the same mechanisms by which the "normal" girl attains womanhood. Many characteristics ascribed to male homosexuals have also been ascribed to the necessarily "neurotic" woman; the belief that she has been castrated, the search for the lost penis in the father, the desire to be loved instead of actively striving to love. In the history of psychoanalytic ideas about femininity, women have essentially been regarded as inferior to men.

This changed, however, as women began to enter the field of psychoanalysis. Former theory was elaborated, challenged and revised by such prominent women as Marie Bonaparte, Helene Deutsch, Karen Horney and Clara Thompson. Femininity became not so much a position of inferiority, but rather a particular point of view with it's own parameters and advantages. Lewes argues that the essentially gynecophobic stance of early psychoanalysis, "purged" from the theory of femininity, has now found a welcome home in the theory of homosexuality. Further, until recently, the psychoanalytic discourse on homosexuality has been (and still is to a large extent) by non-homosexuals about homosexuals. As recently as 1980, it was reported that no major analytic institute was willing to admit an "out" homosexual to candidacy (Marmor, 1980). It was only within the last few years that the American Psychoanalytic Association formally included sexual orientation in its nondiscrimination policy, (ACLU News Release, June 1992). Thus, the kind of radical revision that took place vis a vis psychoanalytic models of femininity, may be a long time coming in the case of analytic models of homosexuality.

As an out lesbian who professes an interest in and commitment to psychoanalytic models of human development and behavior, I propose to critically evaluate analytic models of homosexuality. Specifically, I would like to empirically test analytic assumptions regarding lesbianism. Using analytic methods of inquiry, as well as more non-analytic psychological measures of

psychopathology and adjustment, I hope to evaluate such long standing notions that psychopathy and inner turmoil are *necessary* and *endemic* aspects of the lesbian experience. Do the traditional models hold up when using a non-clinical, representative population of lesbians? Are lesbians as a group unable to establish "appropriate, in-depth object relationships . . . (unable to) master their anxieties, form appropriate gender identities, make firm their body boundaries, " etc. as Seigel suggested based on her eleven lesbian analysands (Siegel, 1986)? Or is it possible that we can more meaningfully understand the pathology observed as that which is manifested by an individual who just *happened* to be lesbian and who incidentally just happened to show up for a long term analysis? The answer to these and related questions, depends in part on the study and observation of a non-clinical, representative group of lesbians - something analytic researchers have been slow to undertake. It is in the spirit of remedying this current gap in knowledge and understanding that I undertake the proposed project.

CHAPTER II. LITERATURE REVIEW

The study of homosexuality as a social and psychobiological phenomenon has been of interest to Western scientists and social scientists since at least the 1800's. The term itself appeared in print for the first time in 1869 in two pro-homosexual rights pamphlets published anonymously, but apparently written by Dr. Karl Maria Kertbeny from Leipzig (Lauritsen and Thorstad, 1974). In 1892, Charles Gilbert Chaddock, an early translator of Kraft-Ebbing's *Psychopathia sexualis*, first introduced the term "homo-sexuality" into the English language (Halperin, 1989). Freud of course, wrote extensively on the subject beginning in the early 1900's, though his views never coalesced into one comprehensive theory. In starting with a review of his writings on "sexual inversion," I hope to lay the groundwork for a continued examination of post-Freudian analytic and non-analytic theory and research regarding homosexuality.

Freud's Views on Homosexuality

Freud dealt explicitly with the subject of homosexuality throughout his writings. His most important works on the subject range from his 1905 *Three Essays on the Theory of Sexuality* to *Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality* (1922), and finally for our purposes, his 1920 essay, *The Psychogenesis of a Case of Homosexuality in a Woman*. Throughout

his career, Freud seemed to take a rather inconsistent position regarding psychopathology and homosexuality. In part, this reflected Freud's continued commitment to theory revision, in light of new and contradictory data. It also reflected Freud's continued subscription, explicitly as well as implicitly, to cultural norms that "defined healthy psychic and sexual functioning by the way it corresponded to historically contingent establishments and customs," (Lewes, 1988). As Freud's attempts to create a radical psychology of gender difference ultimately failed in part due to his Victorian conservatism, (Zinardi, 1992, Personal communication), so too did his efforts at building a comprehensive theory of homosexuality fall short. Caught between a profound respect for the achievements of homosexuals, his Victorian world view, and his continued allegiance to biological explanatory models, Freud seemed to play all sides of the debate as to whether or not homosexuality could be equated with psychopathology. As Adrienne Harris (1991) states, " the arduous task that Freud set for himself - to build an account of sexual object choice and identity that broke with previous biological models - was one he both succeeded at and failed." What is important to note, however, is the tone of Freud's writings on the subject. Such works generally lacked the certainty, absoluteness, judgments of morality and down right mean spiritedness that was a hallmark of later psychoanalytic writings on homosexuality.

Beginning with his 1905 work, *Three Essays on the Theory of Sexuality*,

Freud distinguished between "perversion," and "inversion," a term he used frequently for homosexuality. For Freud, the perversions were clearly pathological. Thus the distinction he outlined in 1905 and which was carefully preserved in his 1919 work, *A Child is Being Beaten*, suggests that homosexuality was not necessarily equated with psychopathology. In *Three Essays*, Freud proposed three major subdivisions of inversion; absolute or exclusive, amphigenic or attracted to both sexes, and contingent, i.e., primarily attracted to the opposite sex but in certain situations able to derive satisfaction from members of the same sex. Stating, " though the distinctions cannot be disputed, it is impossible to overlook the existence of numerous intermediate examples of every type, so that we are driven to conclude that we are dealing with a connected series, " (Freud, 1905, p. 4), his sentiments seemed to anticipate the work of Kinsey et al. (1948, 1953), where the notion of a homosexual-heterosexual continuum became empirically valid.

Freud stressed that inversion is not necessarily associated with impairment in character. In a 1903 reply to a question about homosexuality posed to him by the Viennese newspaper Die Ziet, he stated,

> " I am . . . of the firm conviction that homosexuals must not be treated as sick people, for a perverse orientation is far from being a sickness. Would that not oblige us to characterize as sick many great thinkers and scholars of all times, whose perverse orientation we know for a fact and who we admire precisely

> because of their mental health? Homosexuals are not sick," (Freud, 1903).

Perhaps Freud's most famous statement on the matter is contained within the note he wrote to an American mother of a homosexual. Written in 1935, it was not made available to the general public until 1951. Though the mother's letter was not preserved, judging from Freud's reply she had ostensibly asked whether psychoanalysis could change her son's sexual orientation. As she could not bring herself to mention his condition by name, Freud began his reply by commenting on this obvious omission. In English he answered,

> " I gather from your letter that your son is 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 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 respected individuals of ancient and modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo daVinci, etc.). It is a great injustice to persecute homosexuality as a crime and a cruelty too, " (Freud, 1935).

His letter continues by addressing the question of "cure,"

> "By asking me if I can help, 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," (Freud, 1935).

In another publication (1920), Freud was less ambiguous about the possibility of change, stating,

> "In general, to undertake to convert a fully developed homosexual into a heterosexual does not offer much prospect of success than the reverse, except that for good practical purposes, the latter is never attempted," (Freud, 1920).

Contrast this with later psychoanalytic writings, e.g., Bieber et al. (1962) and Socarides (1968), where psychoanalytic "cures" were chronicled.

Perhaps the clearest acknowledgment on Freud's part of the lack of a necessary condition between homosexuality and psychopathology can be found in a note he wrote to British analyst Ernest Jones. In 1921, Jones had written to Freud informing him that it had been decided to reject the application of a "manifest" homosexual for admission into the British Psychoanalytic Society on the grounds of his acknowledged homosexuality. Freud's reply, cosigned by fellow analyst Otto Rank, went as follows:

> "Your query, dear Ernest, concerning prospective membership of homosexuals has been considered by us and we disagree with you. In effect we cannot exclude such persons without other sufficient reasons, as we cannot agree with their legal prosecution. We

> feel that a decision in such cases should depend upon a thorough examination of the other qualities of the candidate," (Freud, 1921).

And yet, if for Freud, homosexuality was not clearly a perversion, it was nevertheless determined by an inhibition of normal development. From *A Child is Being Beaten*: "Sexual aberration in adults - perversion, fetishism, inversion - . . . will reveal a fixation in childhood," (Freud, 1919). In his posthumously published *Outline of Psychoanalysis*, homosexuality was cited as an example of "an inhibition in development of the consolidation of component instincts." Although Freud acknowledged that " from the point of view of psycho-analysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact," (Freud, 1905), heterosexuality continued to get held up as the norm. For Freud, "inverts" manifested a "predominance of archaic constitutions and primitive psychical mechanisms." Thus, while Freud took the clear and unambiguous position that homosexuals should enjoy full civil and legal rights (Freud, 1930), his position on the relationship between homosexuality and psychopathology remains muddled.

Post-Freudian Psychoanalysis and Homosexuality

Family Studies

In 1962, Irving Bieber, a prominent psychoanalyst who wrote extensively

on the subject of homosexuality, stated, " all psychoanalytic theories assume that homosexuality is psychopathologic," (Bieber et al., 1962). Although there has been a recent attempt to evaluate and challenge such assumptions within the psychoanalytic mainstream, Bieber's remark still retains general validity. His 1962 work *Homosexuality*, based on a study sponsored by the New York Society of Medical Psychoanalysis, remains an often cited, seminal piece in the psychoanalytic literature on same-sex contact. The study was conducted by having analysts who were currently treating gay men fill out a 450-item questionnaire on their homosexual patients, as well as on their non-homosexual patients; this second group serving as the comparison sample. No formal instructions for the selection of the control subjects were given. Seventy-seven M.D. analysts who were members of the Society participated. The final homosexual group consisted of 106 men (30 of whom were later classified as bisexual), and the final comparison group consisted of 100 men. Most patients and clinicians lived in the New York City area.

The goal of the project was to develop a systematic analysis of the etiological factors responsible for homosexuality, a fuller understanding of its developmental course and to gather further information on the prognosis for a psychoanalytic "cure" of homosexuality. As the quotation above suggests, Bieber undertook the investigation with an implicit assumption about the pathological status of homosexuality. Thus, the "pathological status" of

homosexuality was not itself the subject of investigation.

Rejecting the possibility that constitutional factors played a role in the development of a homosexual object choice, Bieber instead turned to an analysis of the families of homosexuals. Stating, " Our findings point to the homosexual adaptation as an outcome of exposure to highly pathologic parent-child relationships and early life situations," Bieber set out to describe these family influences in greater depth. The data suggested that a particular mother-father-son interaction appeared to be influential. A "triangular family system" led to homosexuality: "The 'classical' homosexual pattern is one where the mother is CBI (i.e., Close Binding Intimate) and is dominant and minimizing toward a husband who is a detached father, particularly a hostile-detached one. From our statistical analysis, the chances appear to be high that any son exposed to this parental combination will become homosexual or develop homosexual problems," (Bieber et al., 1962, p. 172).

According to this model, the boy's mother responds to his heterosexual, masculine strivings with hostility. Favoring the son over the father and fearing that the son will abandon her, she inhibits his attempts at autonomous functioning, thus damaging his capacity for independent action. The paternal relationship was equally disturbed. Father is unable to meet his son's needs for affection, unable to provide a healthy model of masculine identification, and

perhaps most important, unable to intervene in the pathological mother-son relationship. Thus during the Oedipal phase of development when "normal" heterosexual drives begin to surface, the pre-homosexual boy is subjected to an "intolerable conflict." The female genitalia become identified with danger vis a vis mother - the heterosexual drive becomes associated with harm. Father is unable to intervene on the boy's "psychic" behalf. The heterosexual drive is forced underground and becomes latent.

Though Bieber's work here still represents one of the most ambitious analytic studies to date on male homosexuality, it has been criticized on a number of grounds. First and foremost, Bieber and his group made a number of general conclusions about *all* homosexuals based on a sample of homosexuals who were in analysis. Further, the clinicians who completed the questionnaires from which such conclusions were reached were all medical analysts from Bieber's analytic society; a group who was clearly wedded to and ensconced in a theory which *necessarily* pathologized homosexuality. Although statistical significance was established for a number of items, there was considerable overlap between the homosexual and heterosexual sample in descriptions of both mother and father. Whereas Bieber et al. described the triangular family system as the "classical" homosexual family pattern, only 30 homosexuals in the sample appeared to come from such a family. Thus, 76 homosexual males did not have this "prototypical" family pattern in their backgrounds. Further, 11 of the comparison heterosexual

patients were reported to have been raised in the "classical" homosexual family, i.e., one with a close binding intimate mother and hostile detached father.

As a piece of psychoanalytic clinical research, it is subject to the potentially distorting effects of transference and countertransference. During the 1950's when this study was conducted, psychoanalysis had a solid reputation for being a discipline which not only held to an illness model of homosexuality, but which further purported to be a discipline which could "cure" homosexuals, (see for example M. Duberman's *Cures*). It was not uncommon for gay men and lesbians to seek out analytic treatment with the expressed desire of changing their sexual orientation. For the patient who consciously or unconsciously sensed his analyst's convictions regarding the pathological nature of homosexuality, confirming this view may have served important neurotic functions and needs. In an attempt to comply, patients in the study may have emphasized those aspects of their past histories that supported the analyst's assumptions. Also, Bieber et al. made no attempt to control for length of time in treatment, phase of treatment, etc. As treatment progresses and shifts, so too does the patient's relationship to his personal and familial history.

Another limitation of this kind of retrospective study is the difficulty of distinguishing cause and effect. Though Bieber et al. strongly suggested that, for example, the father's rejection of his son was a major *causative* a factor in the

son's subsequent homosexuality, the research group failed to adequately address one of several alternative hypotheses. Even if there is solid evidence that such a rejection took place, it may have occurred *subsequent* to the establishment of the son's homosexuality. If homosexuality has a more biological or constitutional etiology, then the homosexual boy may evidence "different" sorts of behaviors that the father neither understood nor approved of, e.g., greater effeminacy, less interest in rough and tumble play and other typically "male" behaviors. Father may *then* turn away from his homosexual son due to his own discomfort and disappointment. Alternatively, the distance observed between father and his homosexual son may have been put in place by the son and not by the father, or by a more complicated conscious and/or unconscious deal struck by both parties. In the same way, the "close-binding" mother-son relationship may be more complicated than meets the eye. Here too, even if such a finding has some validity, it may not necessarily explain a *causative* factor for homosexuality. Mother may in fact establish a close and perhaps overprotected relationship with her pre-homosexual son due to the social stigma he may already be experiencing due to his being somewhat "different," a word that adult homosexuals often use to describe their experiences of self during childhood. In other words, mothers' close attention to son may be a reaction to her son's preexisting "condition," and not the other way around. Fathers' rejection of son may "force" mother to move in that much closer, lest he should be cut off from relational ties altogether.

Attempts to replicate Bieber's findings have yielded mixed results. Evans (1969) carried out a study of 43 homosexual and 142 heterosexual male subjects from the Los Angeles area. The subjects were volunteers in a study of cardiovascular disease who had never sought out psychotherapy. They were similar to Bieber's subject pool with regard to age, education, occupation and sibling status. Each subject filled out a 27-item questionnaire adapted from the Bieber study. Although the results were similar to those obtained by Bieber, i.e., the homosexuals more often described themselves as growing up in a "classical" homosexual family system, Evan's interpreted the *meaning* of these findings much more cautiously. Suggesting that Bieber underemphasized the effect of the child's "innate characteristics" on the development of the parent/child relationship, he concluded that,

> "The results of the present study agreed closely, with those obtained by Bieber et al., but they neither supported nor refuted the Bieber conclusions as to causal relationships. The complicated problem of the etiology of homosexuality probably could be more productively investigated with a prospective study" (p. 135).

Apperson and McAdoo (1968) studied a community sample of twenty-two homosexual men and twenty-two heterosexual men. On a scale used to measure "perceptions of parent behavior," homosexual men described their fathers as more critical, impatient and rejecting, than did their heterosexual counterparts. Differences between the two groups on perceptions of mother

were not significant. The authors concluded that the mixed support for the homosexual triangular family system model could be in part accounted for by the different populations studied by the two research teams.

Snortum et al. (1969) converted Bieber's questionnaire into a self-administered test. Forty-six males on the verge of military discharge due to their homosexuality were compared to two control groups of non-patients; enlisted men in basic training and college students. Despite considerable overlap between all three groups, the authors found support for the triangular system hypothesis.

Bene (1965) studied 83 "well-adjusted" homosexual men and 84 married men from a medical and technical staff of a large university hospital. The subjects filled out a questionnaire on family relations history. Homosexual subjects described greater conflict in their relationship to father than their heterosexual counterparts, but there were no striking differences between the two groups on descriptions of mother, except for a tendency for homosexual men to describe their mothers as "nagging." Similar to Evans (1969), Bene failed to find support for the idea that psychopathological family relationships *cause* homosexuality, but rather interpreted his findings to mean that for the male homosexual, poor paternal relationships might intensify the maternal relationship.

Bell, Weinberg & Hammersmith (1981) carried out a large study of sexual orientation in the San Francisco Bay area between 1969 and 1979. Their sample consisted of 979 homosexual and 477 heterosexual men and women. Homosexual and heterosexual subjects were comparable in terms of their age, occupation, educational level, race and religious affiliation. Although differences between the homosexual and heterosexual groups emerged on a number of variables, their analysis suggested that background family patterns were but a small factor regarding homosexual outcome.

Siegelman (1974a), compared the responses of 307 non-clinical male homosexual and 138 male heterosexual controls on the short form of the Parent-Child Relations Questionnaire (PCR-SF-2), and the Biographical Questionnaire (BQ). Demographic variables such as age, education, parental level of education, parental socioeconomic level, sibling position and whether or not the subject was in therapy, were all controlled for. When homosexual and heterosexual men were matched for low neuroticism, no significant differences were found between the two sub-samples. He replicated his initial findings using a cross-national sample in 1981. Summing up the overall findings of both investigations, he stated,

> "The data reported . . . raise serious questions about the existence of any association between parental background and homosexuality vs. heterosexuality in males . . . The evidence to

> date . . . does not indicate that any particular parental background is typical or generally present in the development of most or all homosexuals," (Siegelman, 1981).

Using a sample of 63 lesbians and 68 heterosexual controls, Siegelman also systematically investigated the role of family dynamics in the etiology of lesbianism. As with his work on male homosexuality, he carefully controlled for a number of demographic variables, and recruited a non-clinical sample. When low neurotic subjects from both the heterosexual and homosexual groups were compared, no significant family differences were observed. Even within the larger sample, Bieber's "triangular family system" hypothesis was not supported by the data. Siegelman suggested that,

> "The tendency for homosexuals to report more rejecting, less loving, or more demanding parents may be associated with more neurotic trends rather than homosexuality. The possible contamination of psychopathology with homosexuality when evaluating parent behavior that has been indicated for males therefore, must also be considered for females," (Siegelman, 1974b).

Kaya et al., (1967), studied a group of lesbian patients and a comparison group of heterosexual patients. Using questions and methods similar to Bieber et al., she found the converse of the "classical" triangular pattern reported for homosexual men, i.e., homosexual women patients, when compared to their heterosexual counterparts, had *fathers* who were close-binding and intimate. No

differences between the groups were observed regarding the mother-daughter relationship. Kremer and Rifkin (1969) studied 25 adolescent lesbian patients. No control group was utilized. They found that the fathers of homosexual women were hostile, exploitative, detached and absent, but not close-binding. Mothers in this study were described as overburdened and unable to handle maternal responsibilities. Loney (1973), using the Elias Family Adjustment Test finds evidence of "adverse factors" in the family backgrounds of lesbians. Such factors included greater parent-child friction and greater friction between parents. The lesbians described a father who was neglectful and a mother who was preoccupied. Although she used a non-clinical sample and matched subjects according to age, education and occupational status, her sample was "extremely small," (11 homosexuals and 12 heterosexuals) and were all acquaintances of *one* research assistant.

In sum, studies have not presented a consistent picture as to the role of family in male and female homosexuality. Differences obtained seem to be significantly related to study design, sample studied and measures utilized.

The Pre-Oedipal Origins of Homosexuality: The Work of Charles Socarides

An important contemporary psychoanalytic advocate of the disease model of homosexuality is American analyst Charles Socarides. Writing extensively on

the subject since the early 1960's, Socarides has been an outspoken and leading proponent of the view that homosexuality represents deep and profound psychopathology. His major contribution to the psychoanalytic theory of homosexuality has been his suggestion that the "disturbance" is pre-oedipal, rather than oedipal in origin,

> "...Major breakthroughs have been made leading to the conclusion that oedipal phase conflict in certain homosexual patients is always superimposed on deeper, basic pre-oedipal nuclear conflicts . . . it is apparent that object relations pathology contributes more to the development of homosexuality than the vicissitudes of the drives - in other words, that the central conflict of the female homosexual, as well as the male homosexual, is an object-related one rather than a structural one," (Socarides, 1981, p. 513).

Further, Socarides remains one of the "prominent" analysts writing on the subject of homosexuality who specifically addresses lesbianism. For both gay men and lesbians, Socarides suggests that,

> "The fixation of the homosexual lies in all probability in the later phases of the separation-individuation process, producing a disturbance in self identity as well as gender identity, a persistence of a primary feminine identification with the mother (in the case of the female, an identification with a mother perceived as malevolent and hateful), separation anxiety, fears of engulfment, (restoring the mother-child unity), and disturbance in object relations and associated functions," (Socarides, 1981, p. 514).

Unlike Bieber who subjected his hypotheses to a more rigorous empirical

evaluation, Socarides has maintained the position that such an analysis is superficial, writing,

> "Only in the consultation room does the homosexual reveal himself and his world. No other data, statistics, or statements can be accepted as setting forth the true nature of homosexuality," (Socarides, 1970, p. 1199).

Thus his theories are exclusively based on a "combination of infant observation studies and developmental theories, and the analytic material derived from adult homosexuals," (Socarides, 1981, p. 514).

By pushing the etiology of homosexuality back to the pre-oedipal phase of development, Socarides established the theoretical justification for characterizing homosexuality as a more profoundly pathological disorder. According to him, almost half of those who engage in homosexual practices have a concomitant schizophrenia, paranoia or latent or psuedoneurotic schizophrenia, or are in the "throes of a manic-depressive reaction," (Socarides, 1968). Male homosexuality is based on

> "The fear of the mother, the aggressive attack towards the father, and is filled with aggression, destruction and self-deceit. It is a masquerade of life in which certain psychic energies are neutralized and held in a somewhat quiescent state. However, the unconscious manifestations of hate, destructiveness, incest and fear are always threatening to break through," (Socarides, 1968, p. 8).

And for the lesbian,

> "The homosexual, no matter what her level of adaptation and function in other areas of life, is severely handicapped in the most vital area - namely, that of her interpersonal relations. She is not only afraid of the opposite sex but has deprived herself of meaningful relations to men as a group and individually. She also harbors considerable aggression against both men and women while simultaneously is in deep need of affection and support so totally denied her in earliest childhood," (Socarides, 1981, p.510).

Central to Socarides' model is the notion that homosexuals suffer from a confused or faulty gender identity. This assumption follows from his more global hypothesis that homosexuality is a pre-oedipal disorder. As core gender identity, or the sense of being either male or female, is a *psychological* construct that emerges somewhere between the ages of twelve and eighteen months, (Stoller, 1968; Money & Erhardt, 1972) difficulties negotiating the pre-oedipal period would, in Socarides opinion, lead to gender disturbance. Such disturbance would manifest in the adult homosexual by conscious and unconscious wishes to be a member of the opposite sex. Therefore, the lesbian "openly desires to be a man," (Socarides, unpublished diagram, October 1992) and the male homosexual is "trying to regain his lost masculinity through a sexual encounter with another man," (Socarides, personal communication, October 1992).

As Socarides has failed to subject his assumptions regarding the

pathological status of homosexuality to more rigorous empirical evaluation (it is in the spirit of doing so that the present study is undertaken), an assessment of his model must necessarily utilize other sources of data. In light of such data, several of his basic premises seem faulty. For example, if Socarides' general assumption about pre-oedipal fixation and pathology were generally true, one would expect to see greater narcissistic, borderline and masochistic psychopathology among gay men. The evidence suggests that this is simply not the case (Hooker 1967; DHEW, 1972; Saghir & Robins 1973; Siegelman 1974, 1981; Clark, 1975). His assumption that severe childhood gender identity disturbance is present in the lives of pre-homosexual boys (Socarides, 1978), is simply not borne out by the research. Although most young boys with diagnosed gender identity disturbance do go on to become homosexual adults (Green 1985; Money & Russo, 1979; Zuger, 1984) this small, extreme subgroup does not comprise a majority of the adult male homosexual population. Most adult gay men do not report a history of extreme, persistent boyhood effeminacy (Bieber et al. 1962; Saghir & Robins 1973; Friedman & Stern 1980; Bell, Weinberg & Hammersmith 1981; Coates, date n.a.).

Studies specifically designed to assess the level of gender identity confusion among lesbians have failed to consistently document such pathology. Hassell & Smith (1975) administered the Draw-A- Person Test (DAP) and the Adjective Check List (ACL) to twenty-four lesbians and twenty-four

heterosexual controls, matched for age, educational level and occupation. Subjects were excluded if they had ever been in prison, or presented with a psychiatric history. While they predicted that the lesbians would evidence greater gender identity confusion based on prevailing psychoanalytic assumptions, such was not the case. An analysis of the 24 ACL scales demonstrated no such confusion. Both the homosexual and heterosexual samples saw themselves as more like women, than like men. The lesbians "sexualized" their figures more often than their heterosexual counterparts, but here too, such embellishment was in accordance with proper gender assignment of the figures. Other studies which specifically utilized projective test data (Armon, 1960; Ferracuti & Rizzo, 1959) also failed to demonstrate that female homosexuals have a confused or masculine gender identity.

Psychoanalysis and Lesbianism Proper

Reflecting the general trend within psychoanalysis to privilege male models of development and personality, psychoanalytic writings on homosexuality have tended to focus much more exclusively on men. In Freud's words,

> "Homosexuality in women, which is certainly not less common than in men, although much less glaring, has not only been ignored by the law, but has also been neglected by psychoanalytic

research," (Freud, 1920).

There is currently no psychoanalytic model of female homosexuality which is as comprehensive and complete as Freud's (admittedly sketchy and incomplete) model of male homosexuality. Romm (1965) commented on this paucity of psychoanalytic and psychiatric writings on the subject of female homosexuality suggesting three reasons for this omission: 1) most psychoanalytic and psychiatric writers are men who may find the idea that some women prefer women as sexual partners, unacceptable and threatening; 2) lesbians may seek psychiatric help less frequently than gay men, as male homosexuality seems to elicit more social stigmatization and 3) sexual expression is not considered as important to women as it is to men. Caprio (1954) further suggests that the relative neglect of female homosexuality within the psychiatric establishment is due in part to man's unconscious refusal to acknowledge women's ability to have sexual pleasure without him.

In his paper, *The Early Development of Female Sexuality* (1927), based on the analyses of five lesbian patients, Ernest Jones suggested that pre-genital factors and oral aggressiveness play a crucial role in the development of female homosexuality. Common to all forms of female homosexuality is the girl's identification with the father.

Deutsch proposed a pathological view of lesbianism in her 1932 paper, *On Female Homosexuality*, based on the analyses of eleven lesbian patients. In her view, lesbianism was a perversion resulting from sadistic mothering and inadequate fathering. The pre-lesbian girl both renounced her father and transformed her rage into libidinal relationships with other women. In her 1944 comprehensive piece, *The Psychology of Women*, she expressed her view of the psychological sources of female homosexuality as follows:

> "While we ascribe a primary character to this mother tie and support the view that in a large percentage of homosexual women the urge to union with the mother is predominant, analytic experience teaches us that this primary tie must be strengthened by other elements in order to infringe so powerfully and directly upon the woman's adult life. These additional elements gain their decisive strength during puberty. In the triangular situation, the mother's attraction and the girl's eternal longing for her must prove stronger than the biologic demand of heterosexuality. The father's favorable or unfavorable influence always affects the original mother tie during puberty. His love may be rejected by the girl as a result of fear; her disappointment in him, or his failure to gratify her, may influence her need for love in favor of the earlier mother tie. Her sense of guilt, and her need to reconcile herself with her mother, strengthen the attraction of the mother's magnetic field," (Deutsch, 1944, pp. 352-353).

Fenichel (1945) sees lesbianism as a disorder whereby the homosexual woman identifies with the father. In 1954, Caprio described lesbianism as a "narcissistic extension of autoeroticism." McDougall (1964) viewed female homosexuality as a pathological replaying of the little girl's symbiotic attachment to the mother. Based on the analyses of four patients, Wilbur (1965) concluded

that the most common "cause" of female homosexuality was the presence of a "domineering, hostile, anti-heterosexual mother and a weak, unasssertive, detached and pallid father." Homosexual relationships "appear to serve a range of irrational defenses and reparative needs." Romm (1965) stated,

> "Homosexuals of both sexes are human beings who have given up hope of ever being accepted by their parents and by the society in which they live. They are basically unhappy because normal family life with the fulfillment in having children can never be within their reach. The label 'gay' behind which they hide is a defense mechanism against the emptiness, the coldness and futility of their lives. The claim that homosexuality is a way of life for persons who are more artistic, more sensitive, more creative than those who are heterosexual is a denial of their inability to test life on a responsible and mature psychophysiological level," (Romm, p. 291).

Quinodoz (1989), an analyst who has wrote a piece on the traditional analytic view of female homosexuality, stated that his lesbian patients,

> "Tend strongly towards the negative therapeutic reaction, as they transfer on to the analyst their hostility towards their mothers and fathers, with the corresponding burden of unconscious guilt and need for punishment," (Quinodoz, 1989, p. 57).

Further he believes that,

> "Manifest homosexuality is very much a borderline situation and represents a defence in two directions: against going backwards lest the patient become psychotic, and against going forwards and

> working through the Oedipus Complex . . . Like any perversion, homosexuality in women is a defence against paranoid anxieties which could lead to delusions . . . and at the same time against the depressive anxieties which are an obstacle to acceptance of separation from the mother . . . the main fixation points are at the oral stage and have the aim of avoiding excessive anxiety associated with weaning and separation from the mother," (Quinodoz, 1989, p. 57).

Finally, the work of Elaine Siegel based on the analyses of eleven lesbian patients remains "state of the art." Her 1988 book, *Female Homosexuality: Choice Without Volition*, is the most current and comprehensive account of the analytic view that female homosexuality is indicative of severe psychopathology. In an article based on the book's findings she states,

> "I was forced to see this group of patients as afflicted by object relational pathology rather than by structural conflict . . . Failure in establishing appropriate, in-depth object relationships had produced a proliferation of aggressive drives, which then threatened body boundaries and body ego . . . They had to stay fixated in the grandiose phase of their narcissistic development in order to exist at all . . . My (lesbian) patients only managed to produce the shallow trappings of interpersonal relationships," (Siegel, 1986).

In short, the psychoanalytic world continues to view the lesbian as an emotionally immature, developmentally disordered human being. How well do these assumptions hold up when they are subjected to further evaluation? Do such models have empirical validity?

The Evaluation of Psychoanalytic Models of Homosexuality: The Use of Psychological Tests

Psychological tests, both projectives and more standard measures, have been used by clinicians and researchers alike to evaluate the psychological state and/or psychological well being of the individual. In this section, I will review those studies which made use of projective measures such as the Rorschach, Thematic Apperception Test and the Draw-A-Person test as means of evaluating the psychological make up of the homosexual. In the next section, I will review those studies which made use of non-projective data.

Projective Tests

In the 1940's and 50's, Rorschach researchers were busy at work in developing special scoring or "sign" systems to identify certain diagnostic and personality types. For example, Elizur (1949, 1950) developed a sign system to identify individuals with high levels of anxiety and hostility. Walker (1951) came up with a system to identify aggression and Smith & Coleman (1956) developed a scoring system to identify those with high levels of tension. For the purposes of the present study, a number of researchers developed scoring systems so as to identify homosexuals based on their Rorschach responses.

This approach has largely been discredited on psychometric grounds.

According to Meehl & Rosen (1955), these approaches have limited value in that they are based upon small samples, fail to cross-validate, and neglect to clarify the population within which the "sign" approach may be affectively utilized. Further, according to Klopfer & Spiegelman (1956), clinicians have been critical of the "mechanical, analytic and formalistic" procedures involved in constructing signs. However, given that such approaches were widely employed in the study of homosexuality, and as such, influenced developing psychoanalytic theories of homosexuality, they will be reviewed here.

In 1945, Bergmann administered the Rorschach to twenty soldiers whose homosexuality had been

> "clinically established . . . Nine of the men had been diagnosed as psychopaths; offenses other than homosexuality, such as in subordination, AWOL and previous prison records, were numerous," (Bergmann, 1945).

Bergmann offered five "typically homosexual" responses that the soldiers offered along with their frequencies:

1. Sex organ responses associated with anxiety signs 14
2. M responses with sexual or homosexual connotations 4
3. M responses indicating aversion to the sexual 2
4. M responses indicating difficulty identifying the sex of the figure . . . 6

5. M responses where male and female figures were seen in symmetrical halves of the cards.. 4

What makes these "typically homosexual" responses? Bergmann does not spell this out, nor does he adequately set out his hypotheses *before* collecting the data. Further, the obvious pathology of some of the subjects used, along with the lack of a proper (or any) control group, makes this still cited project vulnerable to criticism on methodological grounds

Due and Wright (1945) looked at the Rorschach records of 42 gay men in the navy who were

> "Brought to the attention of the psychiatrists either by being apprehended in overt homosexuality or by self-referral because of anxieties and situational maladjustment due to the homosexual conflict," (Due and Wright, 1945)

For 38 of the cases, the researchers used a "modified" Rorschach technique in which the subject could write down his responses or select responses from a list of suggestions! The remaining four subjects were examined by the "standard" method. Here too, there are numerous methodological problems from the onset. The lack of a control group, the use of a pathologically skewed, non-representative sample, the use of the "modified" Rorschach technique, and the failure to operationalize content categories or provide a reasonable rationale for the selection of these particular categories, i.e., artistic references, derealization,

esoteric language, sexual and anatomical responses, paranoid reactions, feminine identifications, confusion of sexual identification, castration and phallic symbolism. What makes these categories intrinsically homosexual? Further, the authors did not attempt to indicate the frequency of occurrence of the responses in the experimental group.

Lindner (1946) published a listing of various types of Rorschach responses in terms of specific areas. Six of these were, according to Lindner, indicative of homosexuality. These included:

> 1. Card I. *Lower central D.* Seen by feminine type male homosexuals as "a male torso," while the masculine type male homosexual gives a "muscular, mannish female."
>
> 2. Card II. *Center lower pink rare detail* Suspicion should be directed upon responses such as "pipelines with holes coming through here," "an electric plug," or "a radio tube.
>
> 3. Card III. *Middle D in "human" forms.* Homosexuals of either sex show confusion in assigning sex to the forms.
>
> 4. Card IV. *Upper central diffuse gray area.* Latent homosexuals of either sex, but particularly males with that curious combination of fear of and wish for penetration, may give "a projectile," or "a ship cleaving through water.

As with the others cited, this study lacks methodological soundness, due to the lack of a control group, lack of uniform testing procedure, etc. What continues to be a major methodological problem is the failure to provide an

adequate rationale for the selection of particular content areas. For example, in one study a category such as phallic preoccupation becomes homosexual, whereas in another study, a category such as phallic avoidance becomes a homosexual category. Upon what theory are the researchers basing their category selections on? Further, in all studies thus far cited, the researchers knew of the subject's homosexuality. Thus, any response offered by the subject can be loosely interpreted as a function of his homosexuality.

Wheelers' work (1949) was an attempt to correct for the methodological problems cited above. Choosing twenty homosexual "signs" to study based on "some relevant rationale" for the item, as well as the "existence of some authority" for the item, he administered the Rorschach to 100 patients at the Los Angeles Veterans Administration Mental Hygiene Clinic, 48 who were homosexual and 52 who were heterosexual. He did not specify whether or not these were in or outpatients, but noted that

> "all cases handled at the clinic are of veterans of World War II who were discharged with a neuropsychiatric disability or who were sufficiently disturbed to be accepted by the clinic on an emergency basis," (Wheeler, 1949)

Out of the twenty signs assessed, 14 were considered good indicators or signs of homosexuality. These included:

1. Card I; W seen as a mask or human or animal face.

2. Card III; W seen as animals or animal-like.

3. Card IV; W seen as a human or animal; contorted, monstrous or threatening.

4. Card V; W or center D seen as a human or humanized animal.

5. Card VII; W or top D seen as human; female with derogatory specification.

6. Card VIII; lateral D seen as an animal; several incongruous ones or one with incongruous parts.

7. Card IX; upper lateral D seen as human, dehumanized.

8. Card X; top center D seen as animals attacking or fighting over the central object.

9. Human or animal oral detail seen anywhere in the cards.

10. Human or animal anal detail or specification seen anywhere in the cards.

11. Humans or animals described as "back-to-back" anywhere in the cards.

12. Male or female genitalia seen anywhere in the cards.

13. Feminine clothing seen anywhere in the cards.

Thus, from the responses given, a "picture" of the male homosexual begins to emerge. He is a

> "Somewhat paranoid individual with derogatory attitudes towards people, especially women, which are accompanied by a feminine identification. There are indications of anal interests and

> interest in physical relationships between like beings. There is apparently some preoccupation with sex in general and some autoerotic concern," (Wheeler, 1949, p. 492.)

Goldfried (1966) in his review of Wheeler's work and the subsequent attempts to replicate these findings, suggests that

> "6 of Wheeler's 20 signs are unquestionably poor. Another six have held up fairly well under empirical tests, while the remaining eight are of 'ambiguous validity,' " (Goldfried, 1966, p. 511).

Further, though more homosexual than heterosexual subjects gave such responses, the overlap between the two groups was considerable.

Hooker, (1957, 1958) tested 30 homosexuals and 30 controls. All homosexuals were living in the community, were not being seen in any type of therapy, and generally seemed to be "fairly well adjusted" individuals. There were no statistical differences found between the two groups in terms of the level of psychopathology as measured by Rorschach responses. Fully two-thirds of both heterosexuals and homosexuals were rated as having average adjustment or better. Further, a panel of "expert" judges were unable to distinguish between the records of the experimental (homosexual) and control groups. In her words,

> " That the personality structure and adjustment (of the homosexual) may . . . vary within a wide range now seems quite clear. It comes as no surprise that some homosexuals are severely

> disturbed . . . But what is difficult to accept (for most clinicians) is that some homosexuals may be very ordinary individuals, indistinguishable from ordinary individuals who are heterosexual. Or - I do not know whether this would be more or less difficult to accept - that some may be quite superior individuals not only devoid of psychopathology (unless one insists that homosexuality is a sign of psychopathology) but also functioning at a superior level," (p. 30).

Projectives have also been utilized with lesbian populations. The first published study was that of Fromm and Elonen (1951) who presented a case of a 22- year old lesbian patient and the testing data collected before, during and after psychoanalytic treatment. The authors attempted to validate the five Rorschach signs which Bergmann (1945, see above) had found characteristic of male homosexual protocols. These included: a high percentage of sex responses, sex responses associated with anxiety, tension and opposition, revulsion against heterosexuality, etc. Three of the six signs were absent in all three Rorschach administrations and none of the other three were found consistently. The authors did however, find that there was a theme of "depreciation of men and humans into animal-like categories." They suggested that this be a new sign for female homosexuality on the Rorschach. From a methodological perspective, this study has serious limitations including: lack of control group, use of patient population, etc. It remains exploratory in nature.

The first attempt to conduct a more comprehensive analysis of lesbian projective protocols was that of Armon (1960). He administered the Rorschach

and Draw-A-Person test to 30 members of homophile organizations and 30 matched controls. Using psychoanalytic theory to guide his assumptions, he predicted that the lesbian protocols would show higher incidence of the following types of responses: oral preoccupation, fixation and regression, hostile fearful conception of the feminine and masculine role, depreciation of men, confusion of sexual identification and limitations in personal/social adjustment. Statistical analysis failed to show any significant differences between the two groups on these variables. Further, as Hooker had demonstrated before with the Rorschachs of male homosexuals, (Hooker, 1958), judges were unable to distinguish between the protocols of lesbian subjects and their heterosexual counterparts.

> "The failure to find clear-cut differences which are consistent for the majority of the group would suggest that homosexuality is not a clinical entity. On the basis of present indications it would seem unwise to make generalizations about female homosexuals as a group or to assume that homosexuality is associated with gross personality disorders. The absence of dramatic differences between homosexuals and heterosexuals on projective tests should influence the conception that homosexuality is necessarily associated with deep regression and concordant limitations in personality functioning," (Armon, 1960, p. 309).

However, Armon's data did suggest that his lesbian subjects expressed more unmet dependency needs and more frequently perceived females as hostile and/or threatening, although there were no overall differences in the amount of hostility expressed by the two groups. Armon considered this last finding to be

indicative of unresolved hostility towards the mother, but noted that such hostility was expressed in mature, reality-oriented derivatives, e.g., the perception of aggressive human figures, as opposed to "primary process images," e.g., biting mouths.

Hopkins (1970) administered the Rorschach to 48 non-psychotic homosexual and heterosexual women. She did not find evidence of deprecation of humans into animal-like categories by lesbians, as reported by Fromm and Elonen (1951). However, she did find greater maternal hostility among her lesbian subjects. For example, Rorschach Card VII, considered to be a representation of females or the mother, was chosen by lesbians as the least liked card.

Ferracuti and Rizzo (1959) studied the projectives of a Puerto Rican lesbian penal population. Subjects were 20 homosexual inmates matched with heterosexual inmates for age, crime, and time in jail. Instruments included the Bender Gestalt, Rorschach, Draw-A-Person, and Make-A-Play-Story. A comparison of the Rorschachs between the two groups showed that content categories were similar and comparable. All of the lesbians gave at least one Wheeler sign. However, as Wheeler signs were developed with a male homosexual population in mind, the merit of this finding remains unclear. Further, as this study was conducted using a rather specific, "dysfunctional"

sample, generalizations to the larger lesbian population cannot be made with confidence.

Gundlach and Riess (1968) administered figure drawing tasks to 100 non-patient, self-identified lesbians and to 100 matched controls. The drawings were then analyzed by Witkin and his colleagues for field dependence and independence; cognitive characteristics that are associated with certain personality traits. The homosexual group was found to be generally more field independent; which is associated with greater self-reliance and the tendency towards obsessive neurosis. The incidence of hostility, aggression, and anti-male or anti-female sentiment was the same in both groups.

In sum, though some of the studies did find discernable differences between a lesbian group and a heterosexual control group, such differences do not suggest that lesbianism is a specific clinical entity nor is it necessarily indicative of serious psychopathology

Non-Projective Tests

The non-projective studies tend to focus more on current and conscious functioning as opposed to unconscious or preconscious material. Freedman (1967) used the Eysenck Personality Inventory and the Personal Orientation

Inventory to assess the psychological functioning of 62 lesbian members of the Daughters of Bilitis and 67 heterosexual members of a national service organization. No differences were observed between the two groups on scores of general psychological adjustment, nor were there any specific differences observed on the neuroticism scale of the Eysenck. Both groups had a similar capacity for intimate contact, and considered interpersonal rather than sexual relations more important for satisfaction and happiness. His findings further suggested that on specific measures, the lesbian sample was better adjusted psychologically than the controls. For example the lesbian sample evidenced greater acceptance of self, greater candor, greater independence, appear to be more "self-actualized," and inner directed, as compared to their heterosexual counterparts.

Hopkins (1970), in addition to her projective study cited above, also did a descriptive study of the lesbian personality using Cattell's 16 PF Questionnaire. The lesbian group was described as significantly more dominant, self-assertive, detached, critical, progressive, self-sufficient and "bohemian." They were found to be better psychologically adjusted than the heterosexual group. No differences in anxiety or neuroticism were observed.

A study by Wilson and Green (1971) showed that heterosexual women scored higher on the Eysenck neuroticism scale than their homosexual

counterparts. The lesbians scored higher on measures of competence, dominance, endurance, capacity for status and intellectual efficiency on the California Personality Inventory.

Siegelman (1972) studied 84 lesbians and 133 control subjects. Subjects were recruited from the community, and variables such as age, educational level, occupation, family background, and psychiatric history were controlled for. Lesbians scored higher on measures of self-directedness and self-acceptance. Lesbians also scored lower on measures of depression. The author concludes that non-patient lesbians seem to be more competent, mature and independent.

In 1974, Steinmann administered her Maferr Inventory of Feminine Value to a group of several thousand women across various cultural and ethnic lines. The inventory is a measure of sex-role and self attitudes. A group of lesbian outpatients and another group of lesbian homophile organization members scored among the highest of any group tested on measures of self-achievement.

Weiss and Dain (1979) compared a sample of heterosexual and homosexual men and women utilizing Loevinger's concept of ego development. Ego development as defined here is the "hierarchy of successive stages," and draws upon the work of Sullivan, Erikson, Piaget and Kohlberg. No significant differences in ego levels were observed between the heterosexual and

homosexual groups, with the authors concluding that ego development and sexual orientation development are independent phenomenon. The non-clinical sample was relatively young, well-educated and white, and the 200 subjects were comparable across a number of demographic variables including age, ethnicity, education, occupation, income, and current psychotherapy involvement.

Adelman (1977) administered the MMPI to a group of 26 professionally employed, non-patient lesbians and a comparable group of 29 heterosexual women. There were no differences between the groups on such demographic variables as age, educational level, income level, number of siblings, ordinal position within the family and religious affiliation. No differences were found between the two groups on any of the clinical scales with the exception of the Sc scale. When this finding was further analyzed, there were no significant differences on the "pathological" part of the scale, but rather on that Sc sub-scale which measures social alienation, with the lesbians achieving a higher score. This finding that lesbians experience more social alienation than their heterosexual counterparts was interpreted by the author as an expectable response to a hostile, homophobic environment.

Hassell & Smith (1975) administered the Draw-A-Person test and the Adjective Check List to a group of 24 non-clinical lesbians and a matched heterosexual group. Subjects were screened for psychiatric or criminal

involvement. The lesbians showed no confusion in gender identity, scored significantly higher on measures of autonomy, change and exhibition, and significantly lower on measures of abasement, deference and defensiveness.

Finally, Clingman & Fowler (1976) studied gender role and personality configurations among 128 male and female homosexuals. The investigators used a non-clinical community sample who were either employed or pursuing a college or graduate degree, but failed to use a control group. The authors concluded that "homosexuality may be more appropriately conceived of as an alternative lifestyle, rather than a nosological entity," (p. 281). Further that the "homosexual lifestyle" can no longer be relegated as pathologically 'deviant' or 'disordered' by the thoughtful investigator of personality," (p. 283.).

In sum, most non-projective studies have failed to find clear-cut differences between lesbians and heterosexual women on a number of different personality/psychopathology measures. When such differences were observed, they tended to be described in terms of differences in lifestyle, personality make-up, preferences, etc., and less so in terms of psychopathology and dysfunction

Empirical Challenges to the Illness Model of Homosexuality: The Work of Kinsey et al.

In 1948 Kinsey published his first report, Sexual Behavior in the Human Male. Employing a sample of 5,300 "representative" men, this was the largest and most comprehensive study on the nature of male sexuality. According to Lewes (1988), the psychoanalytic community responded by either ignoring the findings of the report or by vigorously refuting any data which did not confirm established psychoanalytic doctrine. In response to Kinsey's finding that homosexual behavior was relatively common and widespread, Hewitt (1948) stated,

> "Psychoanalysis reveals that all homosexual behavior proceeds as an escape from heterosexual relations based on the fear of such relations. This unequivocally means that all homosexual behavior is abnormal and springs from fear . . . All homosexuals have severe personality disorders."

Kinsey's findings supported the idea of a homosexual-heterosexual continuum. In other words, homosexuality and heterosexuality were no longer conceptualized as two distinct categories. Sexual behavior and/or sexual fantasy need not be exclusively hetero or homosexual in nature, but could likely fall somewhere in between. Subjects were rated on a seven-point scale (0-6) according to both psychologic sexual reactions and overt sexual experiences. Note that Kinsey included both actual behavior and psychological experience in

his construct of sexual orientation. The scale points can be summarized as follows:

0. Exclusively heterosexual with no homosexual. Individuals are rated as zero if they make no physical contacts which result in arousal or orgasm, and have no psychic response to individuals of their own sex. Sexual contacts and responses are exclusively with individuals of the opposite sex.

1. Predominantly heterosexual, with only incidental homosexual. Individuals are rated as 1's if they have only incidental homosexual contacts which have involved physical contact and/or a psychological response. However, such individuals typically direct such experience and reactions towards members of the opposite sex. Homosexual experiences may occur only once or twice, or at least quite infrequently as compared to the amount of heterosexual contact. Their homosexual experiences do not carry the same intensity or specificity of response as do their heterosexual experiences. Such homosexual experiences may be engaged in for curiosity's sake, under the influence of drugs and/or alcohol or as a result of coercion and/or force

2. Predominantly heterosexual, but more than incidentally homosexual.

Heterosexual experiences and/or reactions still outnumber homosexual experiences and/or reactions, even if such homosexual experiences or reactions occur at considerable frequency. Reactions to the opposite sex remain stronger. Some such individuals may even engage in almost exclusive homosexual behavior, but the strength of their psychological reactions to persons of the opposite sex would still indicate a predominant heterosexuality. On the other hand, there are some individuals who would meet the criteria for a scale point 2 due to the strength of their psychic responses to members of the same sex, even if they have never engaged in overt homosexual activity.

3. Equally heterosexual and homosexual. Individuals who are rated 3's are about equally homosexual and heterosexual in their overt experience and/or psychic reactions. In general, they have no strong preference for either category of contact.

4. Predominantly homosexual, but more than incidentally heterosexual. Individuals who rate as four have more overt activity with and/or psychic response to members of their own sex. Such individuals must also maintain a fair amount of contact with and/or psychic response to members of the opposite sex to rate as four.

5. Predominantly homosexual, but only incidentally heterosexual. Individuals are rated as five if they are almost exclusively homosexual in their overt activities' and/or psychic reactions. Such individuals do have infrequent sexual contact with and/or psychic reaction to members of the opposite sex.

6. Exclusively homosexual. Individuals are rated as 6's if they are exclusively homosexual in regard to their overt experience and psychic reaction.

(Adapted from Kinsey, Pomeroy & Martin 1948, pp. 638-41)

This scale was also utilized in his later report on the sexual lives of females.

Kinsey found that 37 percent of all men had a homosexual experience to the point of orgasm at some point in their lives from adolescence onward. Kinsey was surprised by such a finding stating, "We ourselves were totally unprepared to find such incidence data when this research was originally undertaken," (Kinsey et al., p.625). For all males during an at least three year period,

30% have had at least incidental homosexual experience (ratings one through six)

25% have had more than incidental homosexual experience (ratings two through six)

18% have had at least as much homosexual as heterosexual experience (ratings three through six)

13% have had more homosexual than heterosexual experience (ratings four through six)

10% have been more or less exclusively homosexual (ratings five through six)

8% have been exclusively homosexual (rating six)

4% have been exclusively homosexual all their lives.

Kinsey concluded that the prevailing psychiatric orthodoxy that necessarily equated homosexuality with pathology was in error. This was in part due to the frequency data he had gathered, as well as the histories obtained from those men who had engaged in homosexual behavior. These histories, as well as information about current level of psychosocial functioning did not reveal a high incidence of psychopathy. Any disturbance found in association with such behavior was due to "society's reaction to the individual who departs from the code, or the individual's fear of social reaction," (Kinsey, 1949). In fact, the generally higher incidence of exclusive heterosexuality could only be understood, according to Kinsey, as a manifestation of social learning. Kinsey asked the question; why didn't more men express their homosexual potential, and answered it by pointing to a heterosexual culture that was "unyieldingly" restrictive.

Kinsey published a similar report on the sexual lives of females in 1953. Though evidencing a somewhat lower frequency of homosexual contact than the male sample, homosexual response and contacts were marked among the women. About twenty-eight percent of all females responding reported having had erotic feelings towards another woman at some point in their lives. Fully twenty percent reported having had sexual contact with another woman, with approximately one half to two-thirds of these women reporting sexual contact with another woman to the point of orgasm. Homosexual responses and contacts occurred at greater frequency in the better educated groups. Religious background and affiliation also had an impact on the incidence of homosexual response and contact, with those describing themselves as religiously devoted, manifesting far fewer contacts.

As regards the heterosexual-homosexual continuum rating scale, the following was observed:

16% have had at least incidental homosexual experience (ratings one through six)

9% have had more than incidental homosexual experience (ratings two through six)

6% have had at least as much homosexual as heterosexual experience (ratings three through six)

5% have had more homosexual than heterosexual experience (ratings four through six)

4% have been more or less exclusively homosexual (ratings five through six)

2% have been exclusively homosexual (rating six)

Further, homosexual contacts tended to lead to orgasm more frequently than did heterosexual contacts. Among the females who had been married for five years, 40 percent of them reported sexual contact to the point of orgasm ninety to one-hundred percent of the time, whereas those in comparable homosexual relationships reported contact to orgasm 68 percent of the time leading Kinsey to state,

> " Females in their heterosexual relationships are actually more likely to prefer techniques which are closer to those which are commonly utilized in homosexual relationships. They would prefer a considerable amount of generalized emotional stimulation before there is any specific sexual contact . . . It is, of course, quite possible for males to learn enough about female sexual response to make their heterosexual contacts as effective as females make most homosexual contacts . . . Heterosexual relationships could, however, become more satisfactory if they more often utilized the sort of knowledge which most homosexual females have of female sexual anatomy and female psychology," (Kinsey et al., 1953, p. 468).

In sum, although the active incidences reported for homosexual responses and/or contact among women did not reach the levels reported among men, the numbers nevertheless suggested that the population(s) being observed and investigated were not inconsequential.

The Work of Ford and Beach

Whereas Kinsey and his colleagues relied upon a sample of American males and females upon which to base their conclusions, Cleland Ford and Frank Beach relied upon a cross-cultural sample and a nonhuman primate sample. Their data, derived from the Yale Human Relations Area Files, provided them with information on seventy-seven cultures, including our own. In forty-nine of these societies, homosexual activity was not only considered normal, but was socially sanctioned for various members of the community and/or at different stages of the life course. In most instances, this activity was similar to that of the *berdache*; a male member of the community who assumes female characteristics. In the remaining twenty-eight societies, homosexual behavior was considered unacceptable, although it still occurred with greater or lesser frequency.

Ford and Beach also examined the literature on animal sexual behavior, in an effort to better assess the extent to which the human capacity for the homosexual response represented a biological, inherited capacity. They did find evidence of sexual activity between monkeys, activity that seemed to sometimes be "accompanied by signs of erotic arousal and perhaps even of satisfaction." Such homosexual behavior between the male monkeys occurred even when female partners were available. On the basis of this and other material, the

authors concluded that in virtually all animal species there existed an innate tendency for "inversion of sexual behavior." Homosexual responsiveness in humans represented our "fundamental mammalian heritage." Heterosexuality was more common and frequent, not because of its biological naturalness, but rather because of the impact of cultural and social conditioning.

> "Men and women who are totally lacking in any conscious homosexual leanings are as much a product of cultural conditioning as are exclusive homosexuals who find heterosexual relations distasteful and unsatisfactory. Both extremes represent movement away from the original indeterminate condition which includes the capacity for both forms of sexual expression," (Ford and Beach, 1951, p. 259).

Thus, such research began to challenge the notion of a biological heterosexual imperative. If homosexuality and heterosexuality were culturally determined phenomenon, then claims that homosexuality represented a profound disturbance in the *biologically* rooted course of psychosexual development could no longer be fully endorsed. Sexuality, in such a model, becomes more a matter of personal and cultural preference and questions of psychosexual normality and psychopathology, become less central.

CHAPTER III. METHODOLOGY

Statement of Hypotheses

Two separate, but related assumptions have been proposed regarding the connection between psychopathology and female homosexuality. The first can best be described as the "symptom" model of homosexuality, i.e., the belief that lesbianism represents but one aspect of a clinical picture that is more generally marked by psychic disturbance and dysfunction. In this view, homosexuality is part of a more global or comprehensive disorder, most notably characterological disorders or disorders of the self. The second assumption can best be described as the "diagnostic model of homosexuality, i.e., the belief that homosexuality in and of itself is a discernable diagnostic entity that may or may not be accompanied by other forms of psychological disorder. Proponents of both assumptions often share the belief that homosexuality is psychosocial in origin, as it is "caused" by family conflict and/or disturbed parenting.

Contrary to the aforementioned assumptions, this study seeks to explore the general premise that homosexuality is neither indicative of pervasive psychopathology, nor can it conceptually be understood to be a mental or developmental illness. This premise can be broken down into the following testable hypotheses:

HYPOTHESIS 1: GLOBAL PSYCHOPATHOLOGY

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a global measure of psychopathology.

For the purposes of the current study, there will be no statistically significant differences between the two groups on their SCL-90-R scores overall (See Measures), as well as their scores on the nine SCL-R dimensions, nor will this measure successfully differentiate the two groups from one another.

HYPOTHESIS 2: OBJECT RELATIONS

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a measure of object representation and by implication, object relations.

For the purposes of the current study, there will be no statistically significant differences between the two groups on their ORI scores for mother narrative overall (See Measures), mother narrative by sub-scale, father narrative overall and father narrative by sub-scale, nor will this measure successfully differentiate the two groups from one another.

HYPOTHESIS 3: SELF REPRESENTATION

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a measure of self representation.

For the purposes of the current study, there will be no statistically significant differences between the two groups on their Self Scale scores overall (See Measures), and by sub-scale, nor will this measure successfully differentiate these two groups from one another.

HYPOTHESIS 4: GENDER IDENTITY

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a measure of gender identity and their sense of a gendered self.

For the purposes of the current study, there will be no statistically significant differences between the two groups on their Female Self scores overall (See Measures), and by sub-scale, nor will this measure successfully differentiate the two groups from one another.

Procedures

Subjects were recruited through the use of individuals not otherwise connected to the study. They were predominantly white men and women, both homosexual and heterosexual. In recruiting potential subjects, they did not divulge the specifics of the current study; suggesting instead that the research was more generally concerned with issues regarding female development. Subjects were also recruited by the investigator directly by placing advertisements in local newspapers, on bulletin boards at local universities, community centers and in otherwise public areas; by "posting" requests on the Internet, and finally through word of mouth.

Packets, containing a letter of introduction (See Appendix A), a consent form (See Appendix B), and the instruments being utilized for the current study (See Measures), were mailed to potential participants, as well as distributed by the independent agents. All packets contained a stamped, self addressed envelope addressed to the investigator. Thus, participants and investigator never met face to face, thus insuring participant anonymity, as well as confidentiality. Further, participants were afforded the opportunity to work with the materials in the privacy of their own homes, or designated work space.

When packets were returned, they were evaluated for admission to the

study. For admission, the following criteria were met:

1. They must meet the criteria for group assignment to either the heterosexual or homosexual group (See Measures).

2. They must be between the ages of 30-40 such that only one phase specific developmental period is represented.

3. They must have earned at least a high school diploma.

4. They must live away from the parental home, as a central measure which will be utilized in the study, the Parental Representations Scale (See Measures), has been shown to have limited test-retest content reliability when used with a population who still reside with their parents, (Bornstein, 1991).

5. Their parents must still be alive, or if deceased, could not have died before the participants eighteenth birthday or within the past two years.

6. They must have grown up in an "intact" family, i.e., both parents must have been present in the home during the participants' childhood, or if divorced, the participant must have had regular contact with the non-

custodial parent.

7. They cannot have had a parent who suffered from a major psychiatric or chronic medical illness during the participant's childhood.

8. They cannot have been hospitalized for a psychiatric illness.

9. They cannot be employed as psychologists and/or be acquainted with the instruments utilized.

10. They cannot be currently pregnant or have any children, as pregnancy and motherhood, especially the two years following childbirth, is considered to be it's own developmental phase, (Winnicott, 1965; Mahler et al., 1975; and Liefer, 1980).

When enough packets were collected to fill both group "cells," i.e., twenty-five participants in each, packets were no longer collected and the participant pool was closed.

Sample

Fifty women participated in the current study. The majority came from

the New York metropolitan area, N=30, with the remaining subjects coming from small to moderate sized cities in the Northeast, N=8, the Midwest, N=7, the South, N=4 and 1 subject from Canada. Subjects in the current study were predominantly white, middle class and professionally employed. Thus, one notable limitation of the current study concerns the generalizability of the findings to other populations. Such inferences should be made cautiously.

In addition to asking demographic information to ensure appropriate inclusion in the study, a number of background questions were asked such that the populations studied can be catalogued and described, (See Appendix C). Table 1 summarizes the sample.

VARIABLE	HET (N=25)	HOMO (N=25)	STATISTIC
AGE	MEAN= 33.32 SD= 2.97	MEAN=34.16 SD= 3.13	t=.97
ETHNICITY			F=2.85
White	N=20	N=24	
Hispanic	N=1	N=0	
African-Amer	N=1	N=0	
Asian	N=1	N=0	
Other	N=2	N=1	
RELIGION			F=3.15
Jewish	N=6	N=6	
Protestant	N=3	N=1	
Catholic	N=3	N=2	
Other	N=3	N=1	
None	N=10	N=15	
EDUCATION			F=4.67
High School	N=1	N=0	
Some College	N=3	N=3	
Col Degree	N=8	N=7	
Some Grad	N=3	N=0	
Graduate	N=10	N=15	
PROFESSION			F=3.43
Unemployed	N=1	N=0	
Self-employed	N=0	N=2	
Professional	N=22	N=19	
Service	N=2	N=4	

INCOME	MEAN= 45.56 SD= 20.75	MEAN= 39.87 SD= 23.66	t=.90
MARITAL			F=10.14*
Single	N=9	N=3	
Dating	N=6	N=1	
Involved/Monog	N=3	N=7	
Living With	N=7	N=14	
SEX ORIENT			F=52.76**
Heterosexual	N=21	N=0	
Homosexual	N=0	N=22	
Bisexual	N=4	N=3	
LIVING WITH			F=4.08
Partner	N=7	N=14	
Roommate	N=4	N=3	
Alone	N=14	N=8	
MOTHER			F=0.00
Alive	N=23	N=23	
Deceased	N=2	N=2	
Age Mo's Death	MEAN=27.00 SD= 2.83	MEAN=28.00 SD= 8.49	t= .16
Contact Mother			F= 1.832
< Once a month	N=1	N=2	
Once a month	N=9	N=5	
Every week	N=13	N=16	
FATHER			F=2.27
Alive	N=2	N=19	

Deceased	N=2	N=6	
Age Fa's Death	MEAN=26.00 SD= N/A	MEAN=32.33 SD= 3.83	t=1.53
Contact father			F=1.01
No contact	N=2	N=2	
< Once month	N=7	N=5	
Once month	N=7	N=4	
Once week	N=7	N=8	
IN THERAPY			F=.35
Yes	N=11	N=9	
No	N=14	N=16	
PROBLEMS			F=1.36
Depression	N=4	N=4	
Anxiety	N=2	N=1	
Relationship	N=4	N=2	
Other	N=1	N=2	
TIME IN TX			F=3.54
Less than 6 mos.	N=0	N=2	
6 mos. -- 1 year	N=2	N=2	
1 -- 2 years	N=6	N=2	
> 2 years	N=3	N=2	
SESSIONS			F=1.06
1	N=9	N=8	
2	N=1	N=1	
4 or more	N=1	N=0	
MEDICATION			F=1.84
Yes	N=1	N=4	

No	N=24	N=21	
TYPE OF MED			
Anti-depress	N=1	N=4	
EVER TX			F=.77
Yes	N=14	N=17	
No	N=11	N=8	
TOTAL TX			F=3.58
Less than 6 mos	N=1	N=2	
6 mos.-- 1 year	N=0	N=1	
1 to 2 years	N=1	N=5	
> 2 years	N=12	N=10	

* p<.05
** p<.001

Measures

My study utilized a variety of measures. A scale based on the work of Kinsey et al., (1948, 1953), the Adult Sexual Experiences With Others/Adult Sexual Fantasies Questionnaire, was developed by the author of this study to measure the independent variable, participant's sexual orientation (See Appendix D). The scale is a self-administered checklist where descriptions are arranged on a continuum from those that describe an exclusively heterosexual position to those that describe an exclusively homosexual position. Participants were asked to identify those descriptions which best fit their experience. Both sexual activity

or sexual contact, and sexual fantasy co-determine participant's sexual orientation, and are given equal weight in the determination of orientation. The participant's total score, which can range from 0-12, is based on the composite score of descriptions regarding sexual contact and those regarding sexual fantasy. The composite score obtained was then used to assign participants to either the heterosexual or homosexual group. Those who did not meet the criteria for group assignment based on their obtained score, i.e., those that fall exactly in the "middle" were excluded from the study altogether. Thus, the heterosexual group was composed of those participants whose composite score was 0-5, and the homosexual group was composed of those whose composite score was between 7-12. Finally, as sexual orientation is an especially fluid construct during adolescence, participants were asked to rate both sexual activity and mentation since the age of eighteen.

To measure my dependent or outcome variables, several measures were utilized. The first is the SCL-90-R (Symptom Checklist), as developed by Derogatis, Lipman & Covi (1975), and later revised by Derogatis, Rickels and Rock, (1977), (See Appendix E). For purposes of the current study, protocols were scored according to the guidelines outlined within the SCL-R-90 Administration, Scoring and Procedures Manual II, (Derogatis, 1983).

This measure will be utilized in the current study to assess global

psychopathology, (Hypothesis 1), i.e., those who obtain a high score on the Checklist will be considered to have greater psychopathology and a more significant clinical status. The SCL-90-R is a 90-item self report symptom inventory designed to reflect "psychological symptom patterns.". Participants are asked to rate each checklist item as experienced over the past seven days including the current one, on a five-point scale of distress from "not at all," to "extremely." Typical items include feeling lonely, feeling tense, having trouble remembering things, and feeling easily annoyed or irritated. The SCL-90-R typically takes between 12-15 minutes to complete.

Scores are obtained on the following nine dimensions: Somatization (SOM), 12 items, Obsessive-Compulsive (OC), 10 items, Interpersonal Sensitivity (INT) 9 items, Depression (DEP) 13 items, Anxiety (ANX) 10 items, Hostility (HOS) 6 items, Phobic Anxiety (PHOB) 7 items, Paranoid Ideation (PAR) 6 items, and Psychoticism (PSY) 10 items, as well as on three global indices; the Global Severity Index (GSI), the Positive Symptom Distress Index (PSDI) and the Positive Symptom Total (PST).

The SCL-90-R has been used in a variety of clinical, research and industrial settings. For example, it has been utilized in studies of depression among adult addicts, (Weissman, Slobetz, Prusoff, Merritz & Howard, 1976), in the study of affect and mood states in depressed and schizophrenic adult

inpatients, (Brown, Schwartz & Sweeny, 1978; Brown, Sweeney & Schwartz, 1979) and outpatients (Prusoff, Weissman, Klerman & Rounsaville, 1980) as well as in the study of depressed adolescents (Kandel & Davies, 1982). The SCL-90-R has been shown to be highly sensitive to stress-related conditions. Horowitz, Krupnick, Kaltreider, Wilner Leong & Marmar (1981) demonstrated significant differences on the SCL-90-R between a group of individuals seeking psychotherapy following parental death and those who did not. Norms are available for psychiatric and non-psychiatric populations by gender, and additional norms are available for adolescents, college students and the elderly.

The SCL-90-R has been demonstrated to have sound psychometric properties. Measures of internal consistency (alpha coefficients) range from .77 (Psychoticism) to .90 (Depression), and test-retest (One week apart) correlation coefficients range from .78 (Hostility) to .90 (Phobic Anxiety). Dimension scores have been significantly correlated with other scales designed to measure the same construct, e.g., Depression scores on the SCL-90-R have been significantly correlated with other measures of depression such as the Beck Depression Inventory, the Dempsey D-30 Depression Scale, the Weissman and Beck Dysfunctional Attitudes Scale, the Zuckerman and Lubin Multiple Affect Adjective Checklist, the Raskin Depression Screen, the Hamilton Rating Scale, and the CES-D Depression Scale.

Another measure that was utilized to assess my dependent or outcome variable was the Object Representation Inventory or ORI as developed by Blatt (1974) and revised by Blatt et al, (1988, 1992). The ORI is a self-administered instrument which asks for open-ended descriptions of significant others, such as the parents. A modified version of the ORI can be utilized for self-descriptions as well. Descriptions can be either written or verbal and for the purposes of the present study, participants were given one blank piece of paper with the instructions "Describe your mother," and one blank piece of paper with the instructions, "Describe your father," written across the top.

Each description is rated on a seven-point scale that reflects the degree to which each of the following traits are ascribed to the individual in question; affectionate, ambitious, benevolent, warm, constructively involved, intellectual, judgmental, representing a positive ideal, nurturant, punitive, successful, and strong (See Appendix F). In addition, each description is scored for the degree of ambivalence expressed towards the individual (See Appendix G), the length of the description (See Appendix H), and the highest conceptual level of the description, ranging from a primitive sensorimotor preoperational level to a conceptual level, where the individual is viewed as a whole integrated person with a complexity of characteristics and traits (See Appendix I). Thus, the ORI assesses both the content and structural aspects of the narrative given. Accordingly, this instrument was utilized in the current study to measure object

relations (Hypothesis 2), with high scores indicating more developed, less conflictual object relations, and the attainment of a more advanced developmental status or level. Further, as Bornstein suggests (Bornstein, 1992), "studies confirm that both the content and structure of an individual's parental representations are related to overall level of psychopathology in that individual." Thus, both content and structural measures of parental descriptions will also serve as measures of global psychopathology (Hypothesis 1), with low scores indicating greater psychopathology and a more significant clinical status.

The ORI has been utilized with a variety of populations, both psychiatric and non-psychiatric, and has been demonstrated to have sound psychometric properties. Such representations may be scored reliably for content and structural variables by experienced and inexperienced raters, (Blatt et al, 1979, 1981, 1992). In his ORI studies, he has reported interrater reliabilities (Pearson correlation coefficients) from .68 to .92 for the attribute dimensions, and reliabilities of .87 to .90 for the remaining variables, (Blatt et al., 1981, 1992). Such interrater reliabilities have been replicated in more recent studies. For example, Bornstein et al., (1986, 1988, 1991), obtained interrater reliabilities (Pearson correlation coefficients) of greater than .80 in ten of the twelve trait dimensions, and greater than .70 in the remaining two dimensions, yielding an overall Pearson correlation coefficient of .85. Degree of ambivalence (r=.67), length (r=.99), and conceptual level of the description (r=.78), have also been

reliably scored (Bornstein, Galley, Leoene & Kale, 1991). Reliabilities are stable over time (Bornstein, Galley, Leoene & Kale, 1991) and ORI scores have been shown to be meaningfully related to ratings of the parents on Osgood, Suci and Tannenbaum's (1957) Semantic Differential, (Blatt et al, 1979, 1990) and to ratings of the parents on Parker et al's (1979) Parental Bonding Instrument (PBI), (Schaffer & Blatt, 1990). Finally, scores obtained on the ORI are unrelated to intelligence, years of education, marital or socioeconomic status, (Blatt et al., 1979; Bornstein, Galley & Leone, 1986; Bornstein & O'Neill, 1992).

The final instrument that was utilized was the Assessment of Self Descriptions as developed by Blatt, Bers & Schaffer, (1991), in both it's standard and modified format. Similar to the ORI, the participant is asked to respond to the instruction, "Describe yourself." Such descriptions can be scored for both content and structural dimensions in a manner similar to the scoring procedures for the ORI. However, additional scoring procedures have been developed which measure among other features, the predominant mode of representation, the tolerance of contradictory aspects of the self, the degree of self/other differentiation, and integration and quality of mood states. As with the ORI, Blatt reports interrater reliabilities which ranged from .74 to .99, (Blatt, Bers & Schaffer, 1993).

For the purposes of the present study, participants were given a blank

piece of paper and asked to respond to the instructions, "Describe yourself." Such descriptions were then scored according to the procedures developed by Blatt et al., 1993, for length (See Appendix H), conceptual level (See Appendix I), and on two additional measures; Level of Relatedness (See Appendix J) and Level of Self Definition, (See Appendix K). Level of Relatedness reflects, " the degree to which relationships with others . . . are characterized by mutuality, reciprocity and empathy." Whereas Conceptual Level is scored on the highest level expressed in the description, Level of Relatedness is scored on the *overall* level attained. Descriptions are scored on a one to eight point scale, from the lowest level (1), where the individual represents herself as fused or indistinguishable from another, to the highest level (8), where mutuality and reciprocity occur in the context of an enduring, intimate relationship. Level of Self-Definition reflects "the degree to which the description expresses that the individual has a clearly defined identity with particular goals and values conveying a sense of agency." Descriptions are scored on a one to nine point scale from the lowest level (1) where the self is described as fragmented or diffuse to the highest level (9), where the self is represented as an active agent in the construction of a firm identity based on real life past and present experiences, as well as future plans and goals. As with Level of Relatedness, descriptions are scored on their *overall* level attained. This instrument was utilized in the current study to measure self representations (Hypothesis 3), with high scores indicating a more differentiated, less conflictual representation of self, and low scores

representing a sense of self that is marked by greater fragmentation and lack of articulation.

Finally, in addition to asking the participant to "Describe yourself," she was asked to respond on a separate sheet of paper to the instruction, "When you think of yourself as female, how would you describe yourself?" (Silverman, 1995, Personal Communication). As with "Describe yourself," these descriptions were scored for Length, Conceptual Level, Level of Relatedness and Level of Self Definition. As this question is designed to assess the ways in which representations of the self are affected by an inclusion of gender as an aspect of self, responses will be utilized to assess gender identity as well as the sense of a gendered self. Specifically, scores on Conceptual Level, Level of Relatedness and Level of Self Definition will be utilized to "measure" the construct of gender, with lower scores indicating a more compromised and conflictual gender identity and higher scores indicating a more complex, psychologically integrated sense of a gendered self (Hypothesis 4).

Scoring of Parental and Self Descriptions

Descriptions were scored by the author of this study, according to the guidelines outlined by Blatt and his colleagues. Reliability was established by having an expert second rater, blind to all information regarding the nature of the current study, rescore a sample of 10 (20%) protocols, for a total of 40

narratives. Prior to establishing inter-rater reliability, reliability with the manual was initially independently established by each rater. Once this had been attained, the two raters met for a series of conferences to discuss the various scoring systems and to begin practice scoring, using those narratives which had been collected for the purpose of the present study, but which had failed to meet the criteria for admission, or which had been collected in excess of those protocols needed. Approximately sixty practice narratives were scored and conferenced prior to beginning any formal assessment of reliability. When a sufficient level of agreement was reached between the two raters on the practice, i.e., non-sample narratives, a sub-sample of the protocols was independently scored by both raters. An Intraclass Correlation Coefficient (ICC) was calculated separately for each variable. Table 2 summarizes the reliabilities attained.

TABLE 2. RELIABILITY ANALYSIS: ICC

Affectionate	.92
Ambitious	.82
Malevolent/Benevolent	.96
Cold/Warm	.95
Degree Constructive Involvement	.94
Intellectual	.90

Judgemental	.92
Negative/Positive Ideal	.97
Nurturant	.97
Punitive	.93
Successful	.92
Weak/Strong	.94
Ambivalence	.80
Length	.99
Conceptual Level	.78
Level Relatedness	.96
Level Self Definition	.77

Correlations of greater than .80 were obtained in all 12 trait dimensions. Combining these reliability coefficients yielded an overall ICC correlation coefficient of .93 for the 12 trait ratings. Interrater reliability of ambivalence, length, conceptual level, level of relatedness and level of self definition was comparable to the reliabilities reported by Blatt et al. (1979, 1981) and Bornstein et al. (1986, 1988).

Data Analysis

Seven separate MANOVAS were performed to assess 1) the degree to which there were significant differences between the groups on the various measures,

and 2) the degree to which the groups differentiated on the various measures. Thus, a MANOVA was performed for the SCL-90-R, mother narrative, father narrative, self narrative, female self narrative, self/female self narratives, and mother/father narratives. Although the self/female self narratives and mother/father narratives comparisons were not utilized to test the initial hypotheses, they will be reported, as they suggest areas of further investigation.

CHAPTER IV. RESULTS

Comparison of Groups -Sexual Identity/Orientation

As Table 1 indicates, (See Methods), except for marital status, there are no statistically significant differences between the two sample groups on demographics and background characteristics. Thus, the two groups can be considered to be roughly equivalent across these variables.

However, it is in the area of sexual identity/orientation, that the two groups can be meaningfully described as discrete and dissimilar. As group assignments were made based on a composite measure of sexual contact and sexual fantasy (Appendix C), these two variables bear an important relationship to the issue of group composition. Table 3 compares the mean scores of each group on levels of sexual contact and sexual fantasy, as well as the appropriate statistic. Scores reported are those obtained on the continuum Adult Sexual Experiences With Others/Adult Sexual Fantasies Questionnaire, ranging from a score of 0, indicating exclusive heterosexuality, to a score of 6, indicating exclusive homosexuality (See Measures).

TABLE 3. SUMMARY STATISTICS- CONTACT AND FANTASY			
MEASURE	**TOTAL SAMPLE (N=50)**	**HET GROUP (N=25)**	**HOMO GROUP (N=25)**
CONTACT	MEAN=2.60 SD=2.40	MEAN=.40 SD=.65	MEAN=4.80 SD=1.11
FANTASY	MEAN=2.94 SD=1.60	MEAN=1.68 SD=1.07	MEAN=4.20 SD=.91
STATISTIC	r=.81*	r=.43**	r=.29

* p<.001,
**p<.05

As the Table 3 indicates, contact and fantasy were significantly correlated (r=.81, p<.001) for the entire sample. Thus *overall*, the "level" and "direction" of sexual contact, was mirrored by that of sexual fantasy, suggesting that the two variables are meaningfully related to one another, and by implication, to the construct they were designed to measure, i.e., sexual identity/orientation. However, when the relationship between contact and fantasy is examined within each group, an interesting difference emerges that is not immediately suggested by the highly significant .81 correlation. Although significantly correlated for the heterosexual group (r=.43, p<.05), contact and fantasy are not significantly correlated for the homosexual group. Thus, the construction of a sexual identity/orientation appears to take different forms for each group. Within the heterosexual group, high levels of heterosexual contact are "coupled" with high levels of heterosexual fantasy. Sexual orientation, as a composite of contact and

fantasy, appears to be more fixed within the heterosexual group. Although there is some tendency towards homosexual fantasy within this group, the intensity and object of this fantasy *overall*, remains decidedly heterosexual. Thus one can meaningfully describe a heterosexual domain, where despite some variability, the construction of a stable heterosexual identity is formed.

This does not hold true for the homosexual group, where sexual contact and sexual fantasy were not significantly correlated, ($r=.29$, $p=.17$). Thus, levels of homosexual contact were not "matched" by equivalent levels of homosexual fantasy. Rather, the group tended toward the realm of heterosexual fantasy, thus creating a more fluid and variable sexual identity/orientation construct. As such, the demarcation of a homosexual domain becomes somewhat more problematic given current models of sexual identity which assume a "match" between sexual contact and sexual fantasy. The implications of this finding will be discussed further (See Discussion).

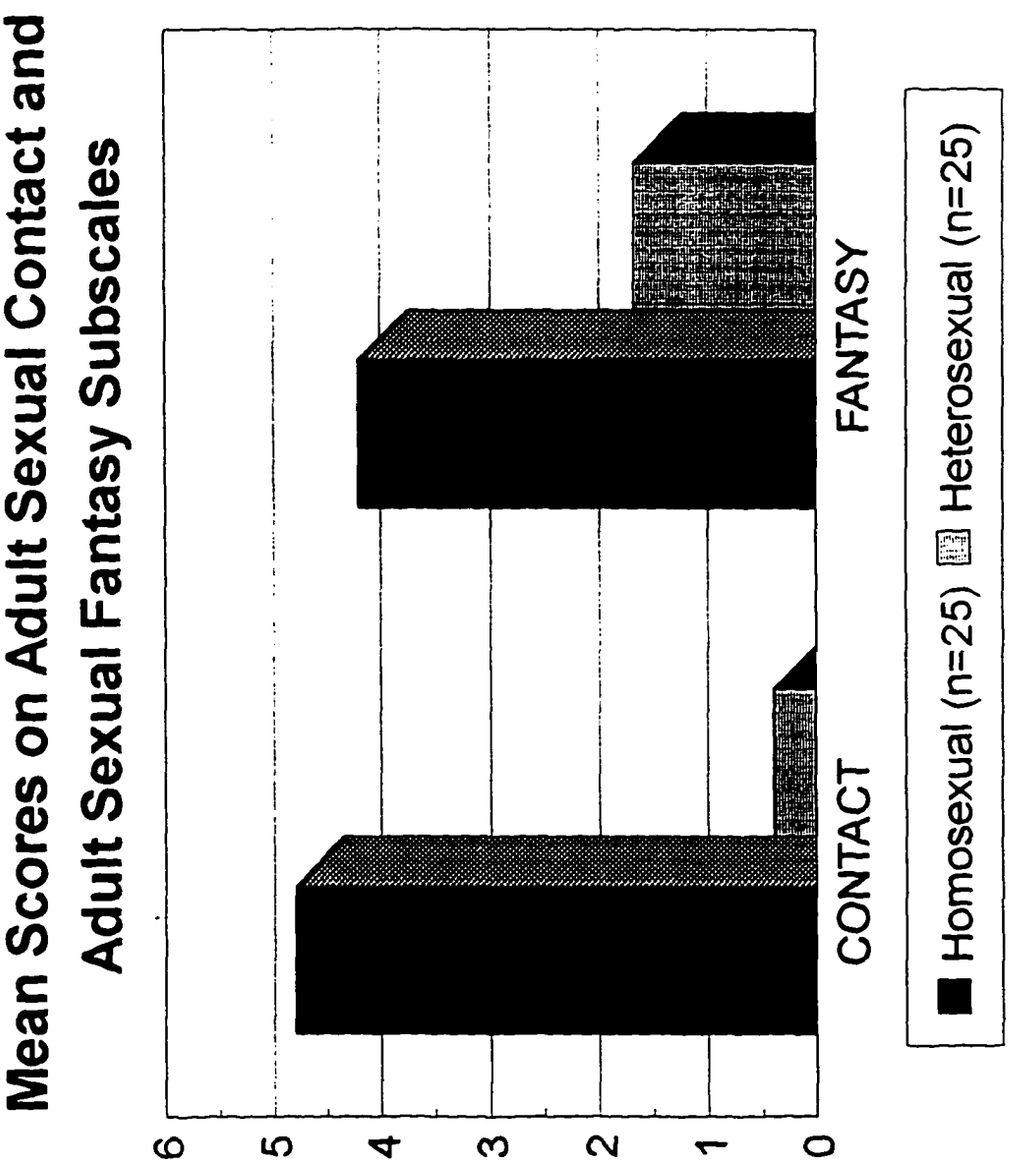
In addition to the above correlations, a MANOVA was performed to assess the degree to which there were significant group differences on these variables, and the degree to which contact and fantasy significantly differentiated the two groups from one another. There was a highly significant difference between the groups on contact and fantasy, ($F=248.03$, $df=1,48$, $p<.001$), and contact and fantasy significantly differentiated the two groups from one another,

($F=35.92$, $df=1,48$, $p<.001$). The highly significant degree of differentiation was mainly accounted for by contact ($F=290.40$, $df=1,48$, $p<.001$), although a significant interaction of fantasy by group ($F=80.32$, $df=1,48$, $p<.001$) was found as well.

To summarize the findings thus far: the two groups appear to be roughly equivalent in their demographics and background characteristics. The only significant difference that emerged was in the area of marital status, or as will be discussed later (See Discussion) in the construction of their intimate or relational lives. Although the construction of a sexual identity appears to be somewhat different for the two groups as classified and studied, thus calling into question the value of homosexuality and heterosexuality as constructs of sexual identity, the groups can nevertheless be meaningfully described as distinct and different *from one another* in the expression of their sexuality. In fact, their patterns of response appear to be directly opposite from one another, with the heterosexual group reporting high levels of heterosexual contact and fantasy, and the homosexual group reports high levels of homosexual contact and fantasy. As such, the construct of sexual orientation in the present study, i.e., a composite scored based on sexual contact and sexual fantasy, appears to significantly differentiate the two groups, with contact accounting for the bulk of this effect.

These differences become centrally important in light of the historical

difficulty in sexual orientation research to adequately insure that an appropriate sample of the targeted population was being studied, (See for example, Bieber et al, 1962). Figure 1 illustrates the mean scores of each group on contact and fantasy, and provides a visual representation of the statistically significant differences described.



TESTING OF HYPOTHESES

HYPOTHESIS 1. GLOBAL PSYCHOPATHOLOGY.

There will be no meaningful differences between a female homosexual population and a female heterosexual population on a global measure of psychopathology.

The SCL-90-R was utilized to evaluate this hypothesis. A MANOVA was performed to assess the degree to which there were differences between the two groups on the SCL-90-R overall, the nine SCL-R-90 dimensions and three global indices, as well as the degree to which the groups would differentiate from one another on this measure. Table 4 list the means and standard deviations for each group by dimension.

TABLE 4. SUMMARY STATISTICS-SCL-90-R

MEASURE	TOTAL SAMPLE (N=50)	HET GROUP (N=25)	HOMO GROUP (N=25)
SOMATIC	MEAN=.335 SD=.305	MEAN=.310 SD=.289	MEAN=.360 SD=.323
OBSESSIVE COMPULSIVE	MEAN=.666 SD=.576	MEAN=.636 SD=.661	MEAN=.696 SD=.488
INTRPRSNL SENSITIVITY	MEAN=.638 SD=.499	MEAN=.726 SD=.540	MEAN=.551 SD=.450
DEPRESSION	MEAN=.768 SD=.576	MEAN=.769 SD=.579	MEAN=.766 SD=.586

TABLE 4. SUMMARY STATISTICS-SCL-90-R			
MEASURE	**TOTAL SAMPLE (N=50)**	**HET GROUP (N=25)**	**HOMO GROUP (N=25)**
ANXIETY	MEAN=.404 SD=.391	MEAN=.352 SD=.417	MEAN=.456 SD=.363
HOSTILITY	MEAN=.437 SD=.458	MEAN=.300 SD=.276	MEAN=.573 SD=.559
PHOBIC ANXIETY	MEAN=.150 SD=.235	MEAN=.131 SD=.206	MEAN=.169 SD=.263
PARANOID IDEATION	MEAN=.453 SD=.421	MEAN=440 SD=.411	MEAN=.467 SD=.438
PSYCHOTIC	MEAN=.188 SD=.231	MEAN=.176 SD=.262	MEAN=.200 SD=.200
GLOBAL SEV INDEX	MEAN=.475 SD=.310	MEAN=.463 SD=.321	MEAN=.487 SD=.304
POSITIVE SX DISTRESS	MEAN=1.42 SD=.310	MEAN=1.46 SD=.337	MEAN=1.38 SD=.282
POSITIVE SX INDEX	MEAN=28.52 SD=15.22	MEAN=27.12 SD=15.85	MEAN=29.92 SD=14.75

When differences between the sample means are calculated, no statistically significant differences emerge, (F=.37, df=1,48, n.s.). Further, there is no interaction effect between group and SCL-90-R overall (F=.43, df=11,528, n.s), and by dimension, (Somatization, F=.33, df=1,48, n.s.; Obsessive/Compulsive, F=.13, df=1,48, n.s.; Interpersonal Sensitivity, F=1.54, df=1,48, n.s.; Depression, F=.00, df=1,48, n.s.; Anxiety, F=.88, df=1,48, n.s.; Hostility, F=4.80, df=1,48, n.s. trend; Phobic Anxiety, F=.31, df=1,48, n.s.;

Paranoid Ideation, F=.05, df=1,48, n.s.; Psychoticism, F=.13, df=1,48, n.s.; Global Severity Index, F=.08, df=1,48, n.s.; Positive Symptom Distress Index, F=.71, df=1,48, n.s. and Positive Symptom Total, F=.42, df=1,48, n.s.). Thus, groups fail to be differentiated by their scoring patterns on this instrument. As such, the groups can be considered to have roughly equivalent SCL-90-R scoring patterns, i.e., group assignment is not significantly related to scores obtained on the instrument.

HYPOTHESIS 2. OBJECT RELATIONS.

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a measure of object representation and by implication, object relations.

. The Object Representations Inventory (ORI) was used to evaluate hypothesis 2. A MANOVA was performed to assess the degree to which differences between the two groups would emerge on the 12 trait ratings, ambivalence, length and conceptual level, for mother and father narratives, as well as the extent to which the measure would differentiate the two groups from one another. Table 5 lists the means and standard deviations for each group by variable, on mother narrative.

TABLE 5. SUMMARY STATISTICS-ORI-MOTHER

MEASURE	TOTAL SAMPLE (N=50)	HET GROUP (N=25)	HOMO GROUP (N=25)
AFFECTION	MEAN=3.64 SD=1.44	MEAN=3.64 SD=1.35	MEAN=3.64 SD=1.55
AMBITIOUS	MEAN=4.34 SD=1.53	MEAN=4.56 SD=1.26	MEAN=4.12 SD=1.76
MAL/BEN	MEAN=4.32 SD=1.32	MEAN=4.32 SD=1.25	MEAN=4.32 SD=1.40
COLD/WARM	MEAN=4.14 SD=1.58	MEAN=4.12 SD=1.50	MEAN=4.16 SD=1.66

TABLE 5. SUMMARY STATISTICS-ORI-MOTHER			
MEASURE	**TOTAL SAMPLE (N=50)**	**HET GROUP (N=25)**	**HOMO GROUP (N=25)**
CON INVOLVE	MEAN=3.88 SD=1.45	MEAN=4.00 SD=1.38	MEAN=3.76 SD=1.54
INTELLECT	MEAN=4.44 SD=1.25	MEAN=4.28 SD=1.20	MEAN=4.60 SD=1.29
JUDGEMENT	MEAN=4.70 SD=1.67	MEAN=4.88 SD=1.27	MEAN=4.52 SD=2.00
NEG/POS	MEAN=4.12 SD=1.42	MEAN=4.20 SD=1.47	MEAN=4.04 SD=1.40
NURTURE	MEAN=4.14 SD=1.87	MEAN=4.20 SD=1.82	MEAN=4.08 SD=1.96
PUNITIVE	MEAN= 3.52 SD=1.64	MEAN=3.68 SD=1.31	MEAN=3.36 SD=1.93
SUCCESS	MEAN=4.26 SD=1.40	MEAN=4.32 SD=1.38	MEAN=4.20 SD=1.44
WK/STRNG	MEAN=4.56 SD=1.60	MEAN=4.60 SD=1.50	MEAN=4.52 SD=1.74
AMBIVALENT	MEAN=2.24 SD=.716	MEAN=2.24 SD=.723	MEAN=2.24 SD=.723
LENGTH	MEAN=4.64 SD=1.95	MEAN=4.48 SD=2.00	MEAN=4.80 SD=1.91
CONCEPT	MEAN=5.54 SD=.885	MEAN=5.48 SD=.823	MEAN=5.60 SD=.957

When differences between the sample means are calculated, no statistically significant differences emerge, ($F=.12$, $df=1,48$, n.s.). Further, there is no interaction effect between group and mother narrative overall ($F=.34$,

df=14,672, n.s), and by dimension, (Affectionate, F=.34, df=1,48, n.s.; Ambitious, F=1.03, df=1,48, n.s.; Malevolent/Benevolent, F=.00, df=1,48, n.s.; Cold/Warm, F=.01, df=1,48, n.s.; Constructive Involvement, F=.34, df=1,48, n.s.; Intellectual, F=.82, df=1,48, n.s.; Judgmental, F=.58, df=1,48, n.s.; Negative/Positive Ideal, F=.16, df=1,48, n.s.; Nurturance, F=.05, df=1,48, n.s.; Punitive, F=.47, df=1,48, n.s.; Successful, F=.09, df=1,48, n.s.; Weak/Strong, F=.03, df=1,48, n.s.; Ambivalence, F=.00, df=1,48, n.s.; Length, F=.33, df=1,48, n.s.; Conceptual Level, F=.23, df=1,48, n.s.). Thus, groups fail to be differentiated by their scoring patterns on this instrument. As such, the groups can be considered to be roughly equivalent in their mother narrative scoring patterns, i.e., group assignment is not significantly related to scores obtained on the instrument.

Does this finding hold up under the father narrative condition? Table 6 lists the means and standard deviations for each group, by variable for father narrative.

TABLE 6. SUMMARY STATISTICS-ORI-FATHER			
MEASURE	**TOTAL SAMPLE (N=50)**	**HET GROUP (N=25)**	**HOMO GROUP (N=25)**
AFFECTION	MEAN=3.02 SD=1.53	MEAN=2.96 SD=1.43	MEAN=3.08 SD=1.66

TABLE 6. SUMMARY STATISTICS-ORI-FATHER			
AMBITIOUS	MEAN=4.66 SD=1.31	MEAN=5.04 SD=1.30	MEAN=4.28 SD=1.24
MAL/BEN	MEAN=3.86 SD=1.54	MEAN=3.84 SD=1.51	MEAN=3.86 SD=1.53
COLD/WARM	MEAN=3.50 SD=1.67	MEAN=3.40 SD=1.58	MEAN=3.60 SD=1.78
CON INVOLVE	MEAN=3.40 SD=1.77	MEAN=3.36 SD=1.66	MEAN=3.44 SD=1.91
INTELLECT	MEAN=4.44 SD=1.37	MEAN=4.80 SD=1.47	MEAN=4.08 SD=1.18
JUDGEMENT	MEAN=5.16 SD=1.54	MEAN=5.24 SD=1.27	MEAN=5.08 SD=1.54
NEG/POS	MEAN=3.72 SD=1.59	MEAN=3.76 SD=1.56	MEAN=3.68 SD=1.65
NURTURE	MEAN=3.78 SD=1.79	MEAN=3.68 SD=1.65	MEAN=3.88 SD=1.94
PUNITIVE	MEAN= 4.24 SD=1.70	MEAN=4.28 SD=1.72	MEAN=4.20 SD=1.73
SUCCESS	MEAN=3.9626 SD=1.50	MEAN=4.24 SD=1.39	MEAN=3.68 SD=1.57
WK/STRNG	MEAN=4.14 SD=1.43	MEAN=4.28 SD=1.56	MEAN=4.00 SD=1.26
AMBIVALENT	MEAN=2.32 SD=.768	MEAN=2.36 SD=.700	MEAN=2.28 SD=.843
LENGTH	MEAN=4.22 SD=2.16	MEAN=4.20 SD=2.16	MEAN=4.24 SD=2.20
CONCEPT	MEAN=5.38 SD=1.02	MEAN=5.44 SD=.961	MEAN=5.32 SD=1.10

As was the case with mother narrative, there are no statistically significant differences between group means, (F=.44, df=1,48, n.s.). Further, the measure

fails to differentiate the groups from one another by overall score, (F=.61, df=14,672, n.s.), and by the majority of variable scores, (Affectionate, F=.08, df=1,48, n.s.; Ambitious, F=4.44, df=1,48, p<.05; Malevolent/Benevolent, F=.01, df=1,48, n.s.; Cold/Warm, F=.18, df=1,48, n.s.; Constructive Involvement, F=.02, df=1,48, n.s.; Intellectual, F=3.62, df=1,48, n.s. trend; Judgmental, F=.13, df=1,48, n.s.; Negative/Positive Ideal, F=.03, df=1,48, n.s.; Nurturance, F=.15, df=1,48, n.s.; Punitive, F=.03, df=1,48, n.s., Successful, F=1.78, df=1,48, n.s.; Weak/Strong, F=.47, df=1,48, n.s.; Ambivalent, F=.13, df=1,48, n.s., Length, F=.00, df=1,48, n.s.; Conceptual Level, F=.17, df=1,48, n.s.). As noted, the only variable that was significantly able to discriminate the two groups from one another was Ambitious, at the <.05 level.

To further assess object representations within the sample and by group, an additional analysis was performed to assess the degree to which differences emerged on the representation of mother and the representation of father. When mother narrative was *compared* to father narrative, were there any statistically significant differences, and if so, was this in any way related to group assignment? Based on the calculated means listed in Tables 5 and 6, a MANOVA was performed for mother/father narratives. This analysis failed to differentiate scoring patterns for mother narrative vs. father narrative by sample, (F=1.83, df=1,48, n.s.), or by group (F=.08, df=1,48, n.s.). Further, there were no statistically significant differences between the two groups on this composite

measure (F=.43, df=1,48, n.s.), thus suggesting that representations of mother and father as an indicator of object relations, were roughly equivalent to one another, and roughly equivalent across group assignment.

In sum, a measure of object relations failed to demonstrate any statistically significant differences between a female heterosexual group and a female homosexual group, nor did this measure successfully differentiate the two groups from one another.

HYPOTHESIS 3. SELF REPRESENTATIONS

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a measure of self representation.

To evaluate hypothesis 3, a MANOVA was performed to assess the degree to which differences would emerge between the heterosexual group and homosexual group on the Assessment of Self Descriptions Scale, including the sub-scales of Length, Conceptual Level, Level of Relatedness and Level of Self Definition. Further, the analysis was run to determine the extent to which the measure could differentiate the two groups from one another. Table 7 lists the means and standard deviations for each group by variable, on self narrative.

TABLE 7. SUMMARY STATISTICS-SELF SCALE-SELF

MEASURE	TOTAL SAMPLE (N=50)	HET GROUP (N=25)	HOMO GROUP (N=25)
LENGTH	MEAN=5.06 SD=2.01	MEAN=5.32 SD=1.19	MEAN=4.80 SD=2.04
CONCEPTUAL	MEAN=6.00 SD=.904	MEAN=6.04 SD=1.02	MEAN=5.96 SD=.790
RELATED	MEAN=5.74 SD=1.62	MEAN=5.80 SD=1.70	MEAN=5.68 SD=1.57
DEFINITION	MEAN=5.68 SD=1.25	MEAN=5.44 SD=1.23	MEAN=5.92 SD=1.26

When differences between the sample means are calculated, no statistically significant differences emerge, ($F=.04$, $df=1,48$, n.s.). Further, there is no interaction effect between group and self narrative overall ($F=1.34$, $df=3, 144$, n.s), and by dimension, (Length, $F=.83$, $df=1,48$, n.s.; Conceptual Level, $F=.10$, $df=1,48$, n.s.; Level of Relatedness, $F=.07$, $df=1,48$, n.s. and Level of Self Definition, $F=1.87$, $df=1,48$, n.s.). Thus, groups fail to be differentiated by their scoring patterns on this instrument. As such, the groups can be considered to be roughly equivalent in their self narrative scoring patterns, i.e., group assignment is not significantly related to scores obtained on the instrument.

HYPOTHESIS 4. GENDER IDENTITY

There will be no meaningful differences between a female heterosexual population and a female homosexual population on a measure of gender identity and their sense of a gendered self.

To evaluate hypothesis 4, a MANOVA was performed to assess the degree to which there were significant mean differences between the heterosexual group and homosexual group on the Assessment of Self Descriptions Scale (Female), including the sub-scales of Length, Conceptual Level, Level of Relatedness and Level of Self Definition. Further, the analysis was run to determine the extent to which the measure could differentiate the two groups from one another. Table 8 lists the appropriate means and standard deviations.

TABLE 8. SUMMARY STATISTICS-SELF SCALE-FEMALE

MEASURE	TOTAL SAMPLE (N=50)	HET GROUP(N=25)	HOMO GROUP(N=25)
LENGTH	MEAN=3.82 SD=2.19	MEAN=3.92 SD=2.24	MEAN=3.72 SD=2.19
CONCEPTUAL LEVEL	MEAN=5.10 SD= 1.13	MEAN=4.92 SD=1.07	MEAN=5.28 SD=1.17
RELATED	MEAN=4.44 SD=1.12	MEAN=4.60 SD=1.16	MEAN=4.28 SD=1.10
DEFINITION	MEAN=4.74 SD=1.28	MEAN=4.56 SD=1.19	MEAN=4.92 SD=1.35

Based on the sample means, there are no statistically significant differences between the heterosexual and homosexual groups on this measure, ($F=.03$, $df=1,48$, n.s.). Further, there is no interaction effect between group and female self narrative overall ($F=1.02$, $df=3, 144$, n.s), and by variable, (Length, $F=.10$, $df=1,48$, n.s.; Conceptual Level, $F=1.28$, $df=1,48$, n.s.; Level of Relatedness, $F=1.01$, $df=1,48$, n.s. and Level of Self Definition, $F=1.00$, $df=1,48$, n.s.). Thus, this instrument fails to differentiate the two groups. As such, the groups can be considered to be roughly equivalent in their female self narrative scoring patterns, i.e., group assignment is not significantly related to scores obtained on the instrument.

To further assess gendered representations of self, as a key to understanding gender identity, an additional analysis was performed to assess the degree to which differences emerged on descriptions of self and self as female. When self narrative was *compared* to female self narrative, were there any statistically significant differences, and if so, was this in any way related to group assignment? Based on the calculated means listed in Tables 7 and 8, a MANOVA was performed for self/female self narratives. This analysis yielded several interesting and unexpected findings. Although there were no significant between group differences on the composite of self/female self narratives, ($F=.00$, $df=1,48$, n.s.), a main effect was observed for narrative condition (Self vs. Female Self) ($F=77.34$, $df=1,48$, $p<.001$), but not for the interaction of narrative

condition and group, (F=.20, df=1,48, n.s.) Thus, self and female self narratives were significantly differentiated for the entire sample, but *not* by group. Specifically, variable means were significantly lower for Female Self narratives than for self narratives, the implications of which will be discussed in the following section.

ASSESSMENT OF HYPOTHESES

HYPOTHESIS 1:

There were no meaningful differences between a female heterosexual population and a female homosexual population on a global measure of psychopathology.

HYPOTHESIS 2:

There were no meaningful differences between a female heterosexual population and a female homosexual population on object representations, and by implication, object relations.

HYPOTHESIS 3:

There were no meaningful differences between a female heterosexual population and a female homosexual population on a measure of self representation.

HYPOTHESIS 4:

There were no meaningful differences between a female heterosexual population and a female homosexual population on a measure of gender identity and their sense of a gendered self.

CHAPTER V. DISCUSSION

Whereas over the past twenty years, the broader mental health community has radically shifted its emphasis from pathological models of homosexuality to more normative paradigms based on continued research and inquiry, the traditional psychoanalytic community has failed to adequately embrace these scientific advances. Thus within traditional psychoanalytic theory, homosexuality may at times be ignored or absent, or alternatively, understood within the context of models which may be outdated or based on erroneous or suspect data. The purpose of the current study was twofold; to gather data on a non-clinical female homosexual population using psychoanalytic methods of inquiry so as to fill a gap in the current database existing on this population, and to then empirically evaluate traditional psychoanalytic theory as it pertains to female homosexuality, using the data collected.

In order to summarize the findings of the current study, the following issues will be addressed in this final chapter:

1) The implications of the current study for the maintenance of a pathology model of homosexuality;
2) The construction of sexual identity/orientation;
3) Gender and sexual orientation;

4) Gender and the measurement of psychoanalytic object relations and

5) Implications of the current study for future research.

The Pathology Model of Homosexuality

As hypothesized, there were no significant differences between a female heterosexual group and a female homosexual group on a variety of measures of psychopathology, including four measures derived from basic psychoanalytic concepts of self and object representations. Thus, the current study fails to find support for those traditional psychoanalytic models which privilege heterosexuality as the only acceptable or normative outcome for healthy psychosexual development, subjugating homosexuality to an inferior developmental status.

Both heterosexual and homosexual subjects described a wide range of self/object representations; from those describing heightened conflict and discord, to those describing self/object representations within the context of mutually enhancing, satisfying object relations. What is important to note, is that the quality of the description, whether of self or other was not dependent on group assignment; with "negative" and "positive" descriptions found in both groups.

Although the quantitative findings which support this conclusion have

already been presented (See Results), excerpts from subjects' narratives may serve to further illustrate the findings. Beginning with representations of the maternal object, both hetero and homosexual subjects describe a relationship with mother that is marked by a lack of nurturance or "mothering," such that in some cases, the subject as daughter, becomes mothers' caretaker. From a homosexual subject, " I don't think of her (mother) as mothering or generous, she is more like a needy friend," or from another homosexual subject, referring to mother, " It's obvious she's a little girl inside just wanting to be taken care of." And finally, "She was destructive, generally not available to meet my needs. We fought constantly about this." Similar descriptions of mother were found among the heterosexual group: "Not outwardly affectionate. . . not a 'motherly'person," and " She was not much of a motherly mother. . . she competed with me when she should have nurtured me." Finally, " While claiming to be affectionate, I see her as rather being in need of affection," and, " My mother doesn't know how to show physical or emotional affection. . . very manipulative."

Alternatively, both groups described maternal relationships that were characterized by warmth, love and affection. From the heterosexual group," My mother has always seemed to me to bring to the world beauty, life and love," and " She is gentle, good hearted; a devoted mother. . . Her strength is quiet and consistent." From another subject, "Strong willed. . . beautiful, loving, caring, open hearted. . . would do anything for those she loves. . . has always been there

for me," and " She gave my sister and I strong values and a strong sense of being loved and appreciated. . . she treated us both as individuals, and made a strong effort to understand each of us as separate individuals. Such positive descriptions were also found among the homosexual group. For example, " She has always been supportive of her children in both financial and emotional ways. I truly believe that I am a self-sufficient, independent, strong-willed woman because of my mother. My mother led a life of no barriers and made me know I could do anything I wanted." Or, "My mother is like a pillar, loyal, dedicated, smart, funny. . . she is loyal to her daughters. . . a mother who can embrace you," and finally, " My mother is a warm and loving person. . . extremely affectionate. . . she delights so, in visiting with her daughters." Thus both heterosexual and homosexual subjects produced a range of both positive and negative maternal descriptions, suggesting that contrary to traditional psychoanalytic theory, one's sexual orientation does not necessarily determine the quality of maternal representations.

What about descriptions of father? Here too, the quality of paternal descriptions were not significantly related to sexual orientation status. As with maternal descriptions, descriptions of father cut across group lines, ranging from those that described a loving and warm relationship, to those that described a relationship marked by conflict and destruction. From the homosexual group, " My father is a very kind and generous man. . . . a quiet source of support, both

financially and emotionally. He made me feel like I could do whatever I wanted with my education, career, etc. . . . He has always been there." From another subject, "A good man. . . . a strong, traditional, loving family man. . . . he enjoys life, embracing the idea 'be who you are- take pride in yourself and your work.'" Finally, " I felt loved by him. . . a good provider - able to care for his family." Such positive descriptions were found in the heterosexual group as well, e.g., " strong and loving," or, " The relationship between my father and me is a relaxed, comfortable one in which it is known that we love each other." From another heterosexual subject, " My father is a warm and generous person. . . loving," and finally, " A wonderful person, a family man . . . supportive, generous, loving."

As was the case with maternal descriptions, not all descriptions of father were characterized by such warmth of feeling. From the homosexual group, " He has a volatile temper which can be scary. . . not terribly rational or reasonable," or " He is cold and unemotional. . . I don't think he knows how to love. . . he is an extremely restrained and controlling person." Finally, " Distant, judgmental, critical and inconsistent." Such negative descriptions were not particular to the homosexual group, but were found among the heterosexual subjects as well, e.g., "A secretive personality. . . brutal at times. I was afraid of him well into my college years - or even past that." Or from another heterosexual subject, " Selfish, narcissistic, highly inconsistent towards others." Finally, " Highly critical

and incapable of expressing emotion. . . fearful and negative. . . he's always been very distant and it's always bothered me." Thus both heterosexual and homosexual subjects produced a range of both positive and negative paternal descriptions, suggesting that contrary to traditional psychoanalytic theory, the quality of paternal representations is not necessarily determined by sexual orientation status.

As traditional psychoanalytic models of homosexuality have advanced the proposition that homosexuality is *caused* by psychopathological family relationships, alternatively focusing on difficulties with mother and difficulties with father, or at the very least, that homosexuality is a psychological construct that develops in the context of disturbed family relationships; the current findings suggest that the quality of parental or familial relationships is not significantly related to sexual orientation status. Thus, those models which are based on such assumptions need to be seriously reconsidered.

Turning now to representations of the self, sexual orientation status was not significantly related to the quality of self descriptions. Thus, contrary to traditional psychoanalytic assumptions, homosexual descriptions of self and self as female were no more psychopathological than those generated by their heterosexual counterparts. Although there were qualitative differences between self and female self descriptions for the *entire sample*, (See Below), these did not

cut across group lines. Thus, e.g., a homosexual subject described herself as " resourceful, I enjoy challenges. . . I like myself," or " I think of myself as a strong woman. . . strong willed, independent and self-sufficient. . . at the same time, kind to others, treating people as I would like to be treated." Finally from the homosexual group, " I enjoy my life, my career, my friends. . . generous with what I can do, devoted to family." From the heterosexual group, " Compassionate, goofy, fun. . . A maverick - straightforward, honest," or "strong of character, introspective, creative." Not all self descriptions were characterized by such positive self-regard, e.g., from a homosexual subject, " I have very little tolerance and a quick temper. . . difficult for me to relax," or " Suffer from low self-esteem. . . I withhold my own thoughts and emotions, afraid of revealing myself." From the heterosexual group, " Afraid of myself, my sexuality, bossy, bitchy, guilty and undisciplined," and, " Lately I've been feeling disconnected. I know I need to be more constructive and pursue career goals/personal goals, but lack the proper initiative."

Although sexual orientation was not meaningfully related to clinical status, it was nevertheless meaningfully related to other variables in the current study. It is to these relationships that we now turn.

The Construction of Sexual Identity/Orientation

In the current study, sexual orientation was meaningfully related to the following variables: sexual contact, sexual fantasy and relational or "marital" status. Further, there were qualitative differences between the two groups in language used for narrative construction. How are these findings related to the construction of a sexual identity?

Within the heterosexual group, levels of sexual contact and sexual fantasy were significantly correlated, i.e., high levels of heterosexual contact were matched by high levels of heterosexual fantasy, suggesting that heterosexuality was a fairly "fixed" or determined construct. Although sexual fantasy inched towards the homosexual end of the continuum within the heterosexual group, it never left the heterosexual sphere proper, suggesting the presence of a heterosexual domain within which the manifestation of a heterosexual identity is enacted.

This finding did not hold up for the homosexual group, where sexual contact and sexual fantasy were not significantly correlated with one another. Although reporting high levels of homosexual contact, sexual fantasy inched ever close to the heterosexual "side" of the continuum; so close in fact that it could no longer be described as definitively homosexual. This finding becomes even more

curious in light of the fact that these women considered themselves to *be* homosexual. Thus, a homosexual identity did not seem to preclude strong opposite object choice ideation (heterosexual), whereas a heterosexual identity did, suggesting that the construction of a sexual orientation may have different meanings for lesbians and heterosexual women.

Identity, including sexual identity, is constructed within a cultural and social milieu that includes the family, cultural norms and practices, and social pressures and expectations. Further, culture can most meaningfully be conceptualized as an "inside-out" phenomenon, i.e., culture exists not only outside of the individual, but becomes part of the internal make-up of the individual in the form of identifications, values, goals and prohibitions. Fantasy, which has been conceptualized as being primarily drive or body generated phenomenon by more traditional psychoanalytic theorists, can also be reconceptualized within this framework as being a product of internal *and* external forces. There is a constant and dynamic interaction between the individual and the culture within which he or she exists, as the boundary between the self and the cultural context is one that is marked by fluidity, permeability and exchange. Thus, within an anti-homosexual cultural context, psychological development will be infused with anti-homosexual sentiment, e.g., in the formation of an internal set of beliefs and principles which devalue and condemn homosexuality.

To state that modern day American culture is overwhelmingly heterosexual in focus and mission, is to state the obvious. Most of us are raised by heterosexual parents, are inundated with heterosexual imagery in the popular culture, and are expected to fulfill the heterosexual imperatives of marriage and child rearing. Although there have been palpable cultural shifts which have allowed for the representation of that which is other than heterosexual (take for example Hollywood's fairly recent trend of producing and promoting movies which are decidedly homosexual in content, e.g., "Philadelphia," "Go Fish," and " Birdcage," or the "arrival" of the out lesbian superstar whose lesbian identity is part and parcel of the appeal and intrigue, e.g., K.D. Lang, Melissa Etheridge and Martina Navratalova), heterosexuality and heterosexual coupling remains "king," as most of our social and cultural institutions, e.g., the legal definition of family including marriage laws, the tax code, and the distribution of health benefits, are premised upon the fulfillment of a heterosexual lifestyle.

It is within this context that the fulfillment of a homosexual lifestyle becomes problematic and *by cultural definition*, secondary to the fulfillment of a heterosexual lifestyle. It is here that a concept such as "internalized heterocentricism" may have descriptive value. Others, e.g., Crawford (1987) and Margolies, Becker & Jackson-Brewer, (1987), have elsewhere chronicled the insidious effects of internalized homophobia, i.e., an identification with the irrational fear, hatred and intolerance of homosexual men and women. Shifting

the focus somewhat from the internalized relationship to one's homosexuality, to the internalized relationship to one's heterosexuality, it becomes readily apparent that despite the adoption of a homosexual lifestyle, the homosexual is still faced with two sets of conflicting desires; one related to the fulfillment of the cultural heterosexual imperative, the other related to the fulfillment of a different set of physical and emotional desires and needs. Although the heterosexual may internally struggle with homosexual desires, the nature of the internal struggle is markedly different from that of the homosexual. As with the homosexual, the pull towards the homoerotic will be strongly countered by her internal identification with those cultural and social taboos prohibiting the homosexual. However, even in the temporary fulfillment of a homosexual wish or desire, the heterosexual who is actively living a heterosexual lifestyle, can continue to internally identify with her fulfillment of the heterosexual imperative; i.e., she can retreat back to the heterosexual, as it is the "basic" position from which she moved.

Such is not true for the homosexual. If heterosexuality serves as a kind of intrapsychic "default," then the homosexual must change this setting each time she engages in the enactment of a homosexual desire or in the fulfillment of a homosexual wish. Thus, while heterosexual desire or heterosexual enactment is not necessarily and inextricably linked to the homosexual, there can be no homosexual act without some reference to the heterosexual, i.e., without moving *away from* the heterosexual and *towards* the homosexual. Such a process may

best be conceptualized as dynamic, rather than static, consolidating in moments *of* time, as opposed to moments *across* time. The implications of this are imposing, as they suggest that there will always be vestiges of the heterosexual within the construction of a lesbian identity, as for example in the current study, where homosexual sexual fantasy was infused with the heterosexual. As such, questions remain as to what constitutes a "successful" homosexual adaptation, i.e., one where the heterosexual imperative does not obscure or impinge upon the fulfillment of homosexual desire.

This dynamic of moving away from the heterosexual and towards the homosexual in the construction of a homosexual identity is illustrated by differences in descriptors utilized by the two groups. Throughout the narrative productions, homosexuals continually referred to their homosexuality, whether in describing self, e.g., "I'm a strong *lesbian*," to describing the other, e.g., "My mother has always been supportive of my *gay* lifestyle," to defining a world view or basic belief, e.g., "As a lesbian, it's not always possible to. . . " In fact, references to being lesbian were found in at least 20 of the narratives generated by the homosexual subjects. As the cultural assumption is one of heterosexuality, this group continually put the "lesbian" aspect of self forward; as if to declare it, assume it, and ultimately, reclaim it, in the face of internal and external threats to the homosexual construction.

In comparison, only one reference was made to being "straight" in the narratives generated by the heterosexual subjects. Their descriptions made reference to other self variables, e.g., age, ethnicity, professional status and educational level, but failed to include heterosexuality as an aspect of self. One need not declare one's heterosexuality, when the cultural assumption of heterosexuality has already been made - both externally and internally. As there is no counter posing introject of "homosexual," from which one has to move in order to establish a stable heterosexual identity, the pronouncement of one's heterosexuality as an aspect of self, becomes less relevant.

Another finding related to non-psychopathological sexual identity difference, concerns the ways in which the two groups construct aspects of their sexual orientation *lifestyle*, i.e., in the realm of intimate relationships. Specifically, there were more heterosexual women who described themselves as "single" or "dating" than their homosexual counterparts, and more homosexuals who described themselves as "involved in a committed, monogamous relationship, but not living with partner," or " living with partner," than their heterosexual counterparts. Although this may be an artifact of the data, i.e., as only childless subjects participated in the current study, there is the increased likelihood that within the heterosexual group, such women were childless <u>because</u> they were also unmarried, this finding may also reflect the different ways that hetero and homosexual women structure their relational or intimate lives.

Although there have been recent attempts within the gay and lesbian community to expand the notion of "family"so as to reflect the myriad ways in which family is structured within this community, such family configurations are without legal and societal sanction. Thus, for example, although increasing numbers of gay and lesbian couples have participated in "commitment" ceremonies so as to publicly declare their partnership, such rituals are *only* symbolic in nature, i.e., there is nothing legally binding about them. Although several cities, e.g., New York, San Francisco, Los Angeles, have enacted domestic partnership laws entitling those who register as domestic partners to enjoy a number of benefits related to housing, health insurance, and in some rare instances, adoption, such benefits are far from comprehensive or guaranteed. Further, domestic partnership privileges are not in any way equivalent to those enjoyed by heterosexual married couples, nor are they available to most homosexuals; only those who live in a select few large cities.

As such, there is no such thing as "homosexual marriage," in the traditional heterosexual sense; a reality that has tremendous impact on lesbian coupling. The impossibility of a bona fide socially sanctioned union has the insidious effect of undermining the stability of the lesbian couple, thus explaining in part, the short-lived nature of many lesbian attempts at coupling, *even after the couple may have made the decision to cohabit*, (Vargo, 1987).

But there is a flip side to this issue. As lesbian couples are deprived of this relational rite of passage, so too are their unions protected from societal norms and mores regulating partnership. As such, lesbian relationships need not be taken as seriously as heterosexual relationships, as they need not conform to heterosexual expectations regarding behavior, e.g., combining money, buying property together, parenting children together, etc. Although some lesbian couples chose to structure their relationships according to a more heterosexual model of legal and social interdependence, such is not *demanded* by the homosexual contract. As suggested by the data in the current study, one implication of this may be that without the possibility of legal marriage, lesbians may feel freer to enter into monogamous and/or cohabiting relationships with their partners than do their heterosexual counterparts, as they do not run the same risk of legal and emotional entanglements. Thus not only are these relationships undermined by their lack of social privilege, but also by their lack of social expectations.

Finally on this front: dating rituals within the homosexual community are markedly different from those governing the heterosexual community, (Pearlman, 1987). Whereas heterosexual women embrace dating as an appropriate and acceptable method for meeting a potential partner, accounting for the significantly greater number of heterosexual women in the current study who described themselves as "dating," dating becomes a far riskier enterprise for the

lesbian. This is in part due to the continued stigma of being an openly identified lesbian; difficulties in identifying a potential mate; and the closed knit aspects of various lesbian subgroups. Thus homosexual women rarely migrate too far away from their already established lesbian connections, tending instead to become romantically involved with women who are already known to them. As such, the process of dating and courtship may be accelerated, with lesbian couples tending to move fairly quickly into a state of exclusive involvement, (See above).

In sum, the construction of a sexual identity appears to take different forms depending on the orientation of the subject. Heterosexuality appears to be a more determined, fixed orientation, whereas homosexuality appears to be a "compromise" position between the fulfillment of homosexual desire and the pull of the heterosexual imperative. This finding stands in direct contradistinction to that of Chodorow (1978, 1979), where female heterosexyuality is conceptualized as a somewhat unstable or secondary construction due to the continued preoedipal attachment to mother, and a somewhat incomplete oedipal resolution.

Finally, the structuring of intimate relationships appears to take different forms depending on sexual orientation status. This finding has been accounted for in part, by differences in societal norms and expectations regarding coupling practices within each group.

Gender and Sexual Orientation

Although there were no differences between the groups in their psychopathological representations of gender, there were observed qualitative differences in the ways in which each group represented their *relationship* to their gendered selves, suggesting an interaction between gender and sexual orientation status. For both groups, the sense of being female was represented within fairly traditional societal or sex-role parameters, i.e., in terms of the ability to procreate, as having secondary sexual characteristics such as breasts and large hips and, in one's "complementary" relationship to the male. The groups mainly differed in the extent to which these gender or sex-role markers were incorporated or rejected, in the formation of the female self. Within the heterosexual group, representations of gender were in sync with sexual orientation status; thus, the experience of being female "fit" with experience of being straight. For example, one heterosexual subject described herself as "ladylike and motherly," another as "comfortable with my place in society," and finally, " I love being a woman and getting my period and knowing that I'll one day have children." Another heterosexual subject states that, "with the right man, I would be very feminine, beautiful. . . perfect," and in a similar vain, "blessed to be a woman. . . childless, unmarried, half of a whole, unpaired, unmatched." Finally, " I see my female energy as a very positive force. . . maternal," and,

> " . . . masculine and feminine *only* have meaning vis a vis each other. Feminine in my mind has to do with a whole complicated set of rituals and behaviors. . . I guess the 'female' part of me would be the side of me that *wants* to fulfill the biological imperative of having a baby, the moody side of me that comes out before I'm getting my period and reminds me that *I'm here to have babies*," (italics added).

However, the experience of "fit" between sexual orientation status and representations of the gendered self was not apparent within the homosexual group, where being a lesbian often stood in sharp contrast to being female. Although representations of gender were remarkably similar to those produced by the heterosexual group, the experienced relationship to these representations could best be described as questionable, skeptical, ambivalent, or at times, outright rejecting. Thus, one homosexual subject states that she is, ". . . not confined by rigid roles, unconventional if compared to the 'normal' female image," another, " I really don't care to buy into the idea of the weak and incapable female. Short of being neat, I'm not concerned with outward appearances. . . I dislike the emphasis that society places on women's bodies."

There were several instances where lesbians described "female" in terms of negation, i.e., as what one is *not,* as for example, " I'm not married, I have no children. . . " or, " I don't think that I usually conceptualize myself as female. Other aspects of self overwhelm my sense of 'femaleness,' e.g., 'scholar,'

'athlete,' 'partner,' 'employee,' etc." One lesbian noted the challenges posed in being female, " As a female, I am always aware of navigating my way through contradictions, incongruous traits, in myself. Worrying about the social propriety of doing certain things or appearing a certain way or other." Finally, another lesbian plays with the idea of sex-role dependent behaviors:

> "Sometimes I enjoy breaking sex stereotypes by carrying heavy things or fixing something that's broken, or talking about cars. Then just when they think they know about my so called 'masculine' side, I'll tell them about the meal I cooked the night before. It's so much fun!"

For both groups, sexual identity status was an important mediator in the development of a gendered sense of self. For the heterosexuals, their heterosexuality became a means through which the adoption of sex-role concordant attitudes and behaviors became possible, whereas for the homosexuals, homosexuality became a conduit through which non-traditional sex role attitudes and behaviors were expressed. Stated more formally:

FEMALE=HETEROSEXUAL=SEX-ROLE CONFORMING

FEMALE=HOMOSEXUAL=SEX-ROLE NON-CONFORMING

Such formulations raise important questions regarding the construction of a sexual orientation, and for the purposes of the current study, the construction

of a homosexual identity. Although homosexuality is defined as same sex object choice, to what extent do representations of gender and gender possibilities, impact upon it's very development? As one lesbian subject stated,

> " When I finally came out, I realized that a lot of my confusion about who I was, was based on some confusion regarding my identity - both sexual and gender. Now that I realize I'm a lesbian, I have found some way to fit in. It gives me permission to not have to look like the perfect 'media model,' and the courage to dress as I like, have short hair, and to affirm my femininity my way, the way I am. Being out allows me to have a broader range of 'femininity.'"

In this representation of homosexuality, same sex desire, fantasy, and behavior have become marginal. Central to this construction is the manner in which "homosexual" mediates the sense of a gendered self, allowing the subject a "broader range" of sex role attitudes and behaviors. The subject experiences a greater sense of gender possibilities because she *is* homosexual, or in the words of another subject, "being a lesbian gives me the freedom to create who I am." Given that many female homosexuals describe an early pattern of gender nonconformity accompanied by the threat of rejection and/or stigmatization because of their "delinquent" behavior, e.g., in the adoption of the "tomboy" role (Penelope, Valentine & Wolfe, 1989), it is in this "being who I am" aspect of the lesbian construction, most specifically in the construction of a gendered self, that becomes most compelling for the adult lesbian.

Gender and The Measurement of Psychoanalytic Object Relations

One of the unexpected findings in the current study concerns the general flattening of scores, as subjects moved from descriptions of self to descriptions of self as female. This observed relationship was particular to self and female self narratives, as there were no observed differences between mother and father narratives for the sample as a whole. As such, the differences observed cannot be explained by narrative focus, i.e., who is being described, but rather seem to be meaningfully related to the inclusion of gender as an aspect of self. What accounts for this finding? Is there something particular about the construct "female" that would suggest such a precipitous drop in scores and/or is there something about the way in which this construct was measured that can explain the observed finding?

Central to most psychoanalytic developmental theories is the notion of the object or significant other, and it's relationship to the self, over the course of psychological development. Although theories vary widely, from those that emphasize the role of internal processes in development to those that highlight the role of the environment, most include self and other as central components. Development can be defined as a process by which the self, through its relationship to the object, becomes an integrated and distinct whole, with body and ego boundaries separate from that of the object. Theories differ also in the

ways in which they frame this process in time and space, from those that emphasize an early resolution to these developmental challenges, to those that conceptualize development as a lifelong process of meeting phase specific developmental tasks. With these ideas in mind, several psychoanalytic investigative procedures have been developed to assess the degree to which psychological development has progressed, e.g., the Rorschach, TAT, Early Memories Test, and as used in the current study, Blatts' ORI and Self Scales.

In devising these scales, Blatt attempted an integration of developmental cognitive psychology, and psychoanalytic developmental theory, as found in the work of such theorists as Mahler (1968) and Erikson (1950). As such, several premises were either implicitly or explicitly accepted including:

1) Development proceeds from a state of relative instability to one of relative stability,

2) Development is hierarchically organized; with specific nodal points indicating increasingly complex levels of psychic organization,

3) Once a developmental status or level is consolidated, it becomes a stable aspect of self and is only threatened under extreme duress or threat to the self configuration,

4) The existence of a generalized cognitive/affective structure which can be measured and

5) The employment of the self/other dualism. Related dualisms include: infancy/adulthood, pre-oedipal/oedipal, dependency/autonomy.

As post-modern influences have begun to impact upon the development of psychoanalytic theory, such assumptions have been called into question. This has been especially true within the psychoanalytic discourse on gender, where attempts to deconstruct gender have at times necessitated a radical revision of existing theory. Thus for example, Dimen (1990) suggests that,

> "'Gender' appears to be a less determinate category than something resembling a force field. Much like the atom, once thought of as substance but now construed as a set of interacting forces, so gender looks to consist not in essences but in complex and shifting relations among multiple contrasts or differences. Sometimes these contrasts remain distinct, at others they intersect, at still others they fuse and exchange identities."

She continues,

> "'Difference' . . . is a paradoxical space that selfhood inhabits. Autonomy and dependency, heterosexuality and homosexuality, selfness and otherness. . . I could go on. . . these apparent polarities are but different moments of the self. . . the solution to the problem of splitting is not merely in remembering the other pole but being able to inhabit the space between them, to tolerate and even enjoy the paradox of simultaneity."

As Dimen and other theorists such as Benjamin (1986, 1987), Miller (1984) and Chodorow (1979) have suggested, gender is a complex psychological construction, which is less an *aspect* of self, than a "set of relations." Further, traditional notions of gender may fail to adequately represent the complexities inherent in its construction, as they rely on models which are implicitly static and fixed. In extending their critique, the *measurement* of gender may become especially problematic, in that it's dynamic and variable nature may preclude such analysis.

Returning to the current study, such observations call into question the match between the construct being investigated, i.e., gender, and the method of investigation. Specifically, the underlying binary, fixed, and hierarchical assumptions upon which the scales were constructed, may have failed to adequately capture the complexities of the gender representation(s), and in fact may have ultimately "penalized" such representations for their failure to conform to such traditional assumptions. Whether the population studied is male, female, heterosexual or homosexual, these concerns raise important questions for future gender related studies. It is these and related questions that will now be taken up.

Implications for Future Research

The current study failed to find any significant psychopathological

differences between a female heterosexual group and a female homosexual group, on a variety of outcome measures. In this sense, it failed to find any empirical support for the psychoanalytic assumption of homosexual pathology, and in so doing, addressed the set of central concerns around which the current study was organized. Yet, even as important questions were answered, many more presented themselves as the study progressed. If the question of pathology has been adequately addressed, then our work must begin to focus on the establishment of a comprehensive and *normative* model of female homosexual development and identity. By using more qualitative and open-ended instruments, we may be able to develop a better understanding of the lesbian experience including: growing up lesbian, the experience of coming out, lesbian sexuality and relationships, sex role attitudes and behaviors, and the experience of growing old.

As the current study was specifically focused on the female homosexual, it failed to consider male homosexuality as a subject of inquiry. In what ways are female and male homosexuality alike, dissimilar? How does being homosexual mediate the experience of being male? Are sex role attitudes and behaviors gender discordant, reflecting the marginal experience of being homosexual or concordant, reflecting the privileged status of being male?

As the current study is limited by its small sample size and its fairly

homogenous subject pool, future studies utilizing a larger number of subjects, as well as a subject pool which better represented the population being studied, are indicated. In what ways are there differences between lesbians on the outcome measures used, based on such variables as age, length of time "out," social and family support and ethnic identification, and what implications would these differences have for a developing theory of normative homosexual development.

Finally, what implications does the current study have for clinical work and practice? If the attainment of a stable homosexual identity becomes problematic within an anti-homosexual culture, then how can we help our homosexual patients maneuver through their internal world of prohibitions and condemnations?

APPENDIX A. LETTER OF INTRODUCTION

Dear Participant,

I am asking for your help in a study I am conducting in partial fulfillment of the requirements for the Ph.D. degree in Clinical Psychology at the City University of New York. This study represents a working attempt to evaluate current models of female development. Your participation in this study will contribute to the ongoing discourse regarding female development and will provide invaluable information needed to more systematically evaluate and revise current working models. Participation in this study is entirely voluntary, and you may withdraw at any time, for any reason. All information will be collected anonymously and no identifying information about individual participants will be reported.

If you are willing to participate in this study, it will take you approximately 45-60 minutes to complete the enclosed packet. Please make sure to sign the consent form, and if you would like to receive a copy of the results when they are made available, please indicate that on the space provided on the consent form. When your materials are returned to me, the consent forms will be filed separately, so that your packets will be identified by number only. Your participation in the study is greatly appreciated. Not only will you be assisting me in my own work, but you will also be contributing to the growing body of knowledge about female development

Ilene Green

APPENDIX B. LETTER OF CONSENT

I am currently undertaking a research project aimed at evaluating current models of female development. This study is performed in partial fulfillment of the requirements for the Ph.D. degree in Clinical Psychology at the City University of New York. Five different measures will be used in this study, all of which will be self-administered. In addition, you will be asked to fill out a background questionnaire. The time required for participation in the study is approximately 45-60 minutes. All data and information provided will be kept confidential, and will be used for research purposes only. Further, the identity of those who participate will remain anonymous, and no data collected will require the use of one's name or any other identifying information. Although there are no foreseeable risks to the participants, participation is entirely voluntary and may be withdrawn at any time for ant reason. A more complete statement of the nature and purpose of the research will be available at a later date, and you may request such information below. If you are willing to participate in this study, please sign below. Your participation would be greatly appreciated.

Ilene Green

(718) 499-3906

_____ _____

SIGNATURE DATE

APPENDIX C. DEMOGRAPHICS

1. AGE
2. ETHNICITY
3. RELIGIOUS AFFILIATION
4. EDUCATIONAL STATUS
5. CURRENT PROFESSION
6. YEARLY HOUSEHOLD INCOME
7. MARITAL STATUS
8. SEXUAL ORIENTATION
9. PARENTAL STATUS
10. HOUSING STATUS
11. MOTHER
    - A) ALIVE/DECEASED
    - B) CONTACT
12. FATHER
    - A) ALIVE/DECEASED
    - B) CONTACT
13. PSYCHOTHERAPY STATUS
14. REASON FOR REFERRAL
15. LENGTH OF TIME- CURRENT PSYCHOTHERAPY
16. FREQUENCY OF SESSIONS
17. MEDICATION
18. PREVIOUS PSYCHOTHERAPY
19. LENGTH OF TIME - TOTAL PSYCHOTHERAPY
20. PSYCHIATRIC HOSPITALIZATION.

APPENDIX D. ADULT SEXUAL QUESTIONNAIRE

Please read the following descriptions and check only one box in Part A and only one box in Part B. Please choose that description which comes closest to your own experience.

Part A. Adult Sexual Experiences With Others

In this section, sexual contact is defined as actual physical contact. This contact may or may not have involved physical manipulation of the genitals, but nevertheless must have resulted in a state of psychological/physiological and/or orgasm. In completing this section, please only consider those sexual experiences you have had since the age of 18.

_____ Since the age of 18, my sexual contacts have been exclusively with members of the opposite sex. I have not had any same-sex contact as an adult.

_____ Since the age of 18, my sexual contacts have been predominantly with members of the opposite sex. However, since the age of 18, I have had one or two same-sex contacts.

_____ Since the age of 18, my sexual contacts have been predominantly with members of the opposite sex. However, since the age of 18, I have had more than incidental same-sex contacts, i.e., such incidents have numbered more than just a few. Nevertheless, as an adult, the majority of my sexual contacts have been with members of the opposite sex.

_____ Since the age of 18, my sexual contacts have been equally divided between members of the opposite sex and members of the same sex.

_____ Since the age of 18, my sexual contacts have been predominantly with members of the same sex. However, since the age of 18, I have had more than incidental opposite sex contacts, i.e., such incidents have numbered more than just a few. Nevertheless, as an adult, the majority of my sexual contacts have been with members of the same sex.

_____ Since the age of 18, my sexual contacts have been predominantly with members of the same sex. However, since the age of 18, I have had one or two opposite sex contacts.

_____ Since the age of 18, my sexual contacts have been exclusively with members of the same sex. I have not had any opposite sex contact as an adult.

Part B. Adult Sexual Fantasies

In this section, sexual fantasy is defined as a mental image or series of mental images which are sexual/sensual in context. Such images may be predominantly visual, verbal or sensory in nature.

_____ Since the age of 18, my sexual fantasies have been exclusively about the opposite sex. I have not had any sexual fantasies about members of the same sex.

_____ Since the age of 18, my sexual fantasies have been predominantly about members of the opposite sex. However, since the age of 18, I have had sexual fantasies about members of the same sex on one or two occasions.

_____ Since the age of 18, my sexual fantasies have been predominantly about members of the opposite sex. However, since the age of 18, I have had more than incidental same-sex fantasies, i.e., such fantasies have numbered more than just a few. Nevertheless, as an adult, the majority of my sexual fantasies have been about members of the opposite sex.

_____ Since the age of 18, my sexual fantasies have been about members of the opposite sex and members of the same sex at about an equal occurrence.

_____ Since the age of 18, my sexual fantasies have been predominantly about members of the same sex. However, since the age of 18, I have had more than incidental opposite sex opposite sex fantasies, i.e., such fantasies have numbered more than just a few. Nevertheless, as an adult, the majority of my sexual fantasies have been about members of the same sex.

_____ Since the age of 18, my sexual fantasies have been predominantly about members of the same sex. However, since the age of 18, I have had sexual fantasies about members of the opposite sex on one or two occasions.

_____ Since the age of 18, my sexual fantasies have been exclusively about members of the same sex. I have not had any sexual fantasies about members of the opposite sex.

APPENDIX E. SCL-90-R

INSTRUCTIONS:

Below is a list of problems people sometimes have. Please read each one carefully, and circle the number to the right that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem and do not skip any items. If you change your mind, erase your first mark carefully.

HOW MUCH WERE YOU DISTRESSED BY

1. HEADACHES
2. NERVOUSNESS OR SHAKINESS INSIDE
3. REPEATED UNPLEASANT THOUGHTS THAT WON'T LEAVE YOUR MIND
4. FAINTNESS OR DIZZINESS
5. LOSS OF SEXUAL INTEREST OR PLEASURE
6. FEELING CRITICAL OF OTHERS
7. THE IDEA THAT SOMEONE ELSE CAN CONTROL YOUR THOUGHTS
8. FEELING OTHERS ARE TO BLAME FOR MOST OF YOUR TROUBLES
9. TROUBLE REMEMBERING THINGS
10. WORRIED ABOUT SLOPPINESS OR CARELESSNESS
11. FEELING EASILY ANNOYED OR IRRITATED
12. PAINS IN HEART OR CHEST
13. FEELING AFRAID IN OPEN SPACES OR ON THE STREET
14. FEELING LOW IN ENERGY OR SLOWED DOWN
15. THOUGHTS OF ENDING YOUR LIFE
16. HEARING VOICES THAT OTHER PEOPLE DO NOT HEAR
17. TREMBLING
18. FEELING THAT MOST PEOPLE CAN NOT BE TRUSTED
19. POOR APPETITE
20. CRYING EASILY
21. FEELING SHY OR UNEASY WITH THE OPPOSITE SEX
22. FEELINGS OF BEING TRAPPED OR CAUGHT
23. SUDDENLY SCARED FOR NO REASON
24. TEMPER OUTBURSTS THAT YOU COULD NOT CONTROL
25. FEELING AFRAID TO GO OUT OF YOUR HOUSE ALONE
26. BLAMING YOURSELF FOR THINGS
27. PAINS IN LOWER BACK

28. FEELING BLOCKED IN GETTING THINGS DONE
29. FEELING LONELY
30. FEELING BLUE
31. WORRYING TOO MUCH ABOUT THINGS
32. FEELING NO INTEREST IN THINGS
33. FEELING FEARFUL
34. YOUR FEELINGS BEING EASILY HURT
35. OTHER PEOPLE BEING AWARE OF YOUR PRIVATE THOUGHTS
36. FEELING OTHERS DO NOT UNDERSTAND YOU OR ARE UNSYMPATHETIC
37. FEELING THAT PEOPLE ARE UNFRIENDLY OR DISLIKE YOU
38. HAVING TO DO THINGS VERY SLOWLY TO INSURE CORRECTNESS
39. HEART POUNDING OR RACING
40. NAUSEA OR UPSET STOMACH
41. FEELING INFERIOR TO OTHERS
42. SORENESS OF YOUR MUSCLES
43. FEELING THAT YOU ARE WATCHED OR TALKED ABOUT BY OTHERS
44. TROUBLE FALLING ASLEEP
45. HAVING TO CHECK AND DOUBLE CHECK WHAT YOU DO
46. DIFFICULTY MAKING DECISIONS
47. FEELING AFRAID TO TRAVEL ON BUSES, SUBWAYS OR TRAINS
48. TROUBLE GETTING YOUR BREATH
49. HOT OR COLD SPELLS
50. HAVING TO AVOID CERTAIN THINGS, PLACES OR ACTIVITIES BECAUSE THEY FRIGHTEN YOU
51. YOUR MIND GOING BLANK
52. NUMBNESS OR TINGLING IN PARTS OF YOUR BODY
53. A LUMP IN YOUR THROAT
54. FEELING HOPELESS ABOUT THE FUTURE
55. TROUBLE CONCENTRATING
56. FEELING WEAK IN PARTS OF YOUR BODY
57. FEELING TENSE OR KEYED UP
58. HEAVY FEELINGS IN YOUR ARMS OR LEGS
59. THOUGHTS OF DEATH OR DYING
60. OVEREATING
61. FEELING UNEASY WHEN PEOPLE ARE WATCHING OR TALKING ABOUT YOU
62. HAVING THOUGHTS THAT ARE NOT YOUR OWN
63. HAVING URGES TO BEAT, INJURE OR HARM SOMEONE
64. AWAKENING EARLY IN THE MORNING
65. HAVING TO REPEAT THE SAME ACTIONS SUCH AS TOUCHING,

COUNTING OR WASHING
66. SLEEP THAT IS RESTLESS OR DISTURBED
67. HAVING URGES TO BREAK OR SMASH THINGS
68. HAVING IDEAS OR BELIEFS THAT OTHERS DO NOT SHARE
69. FEELING VERY SELF CONSCIOUS WITH OTHERS
70. FEELING UNEASY IN CROWDS, SUCH AS SHOPPING OR AT A MOVIE
71. FEELING EVERYTHING IS AN EFFORT
72. SPELLS OF TERROR OR PANIC
73. FEELING UNCOMFORTABLE ABOUT EATING OR DRINKING IN PUBLIC
74. GETTING INTO FREQUENT ARGUMENTS
75. FEELING NERVOUS WHEN YOU ARE LEFT ALONE
76. OTHERS NOT GIVING YOU PROPER CREDIT FOR YOUR ACHIEVEMENTS
77. FEELING LONELY EVEN WHEN YOU ARE WITH PEOPLE
78. FEELING SO RESTLESS YOU COULDN'T SIT STILL
79. FEELINGS OF WORTHLESSNESS
80. THE FEELING THAT SOMETHING BAD IS GOING TO HAPPEN TO YOU
81. SHOUTING OR THROWING THINGS
82. FEELING AFRAID YOU ILL FAINT IN PUBLIC
83. FEELING THAT PEOPLE WILL TAKE ADVANTAGE OF YOU IF YOU LET THEM
84. HAVING THOUGHTS ABOUT SEX THAT BOTHER YOU A LOT
85. THE IDEA THAT YOU SHOULD BE PUNISHED FOR YOUR SINS
86 THOUGHTS AND IMAGES OF A FRIGHTENING NATURE
87. THE IDEA THAT SOMETHING SERIOUS IS WRONG WITH YOUR BODY
88. NEVER FEELING CLOSE TO ANOTHER PERSON
89. FEELINGS OF GUILT
90. THE IDEA THAT SOMETHING IS WRONG WITH YOUR MIND

APPENDIX F. TRAIT RATINGS-ORI

Scoring of Qualitative Characteristics of the Individual

Descriptions are rated on a seven point scale for the degree to which each of the twelve characteristics are attributed to the person. Ratings are made on the basis of the rater's judgement of the subject's view of the person on each dimension. If a particular category is irrelevant, or if it is not possible to make a decision, a score of 9 should be assigned.

1. Affectionate

Demonstrating overt affection or warm regard; actively showing and demonstrating affection (1= little affection; 7= much affection). It is important to differentiate affectionate from the rating of warmth in that one could be warm without necessarily being overtly and demonstratively affectionate.

2. Ambitious

This rating reflects the individual's aspirations or pressures vis -a-vis achievement in instrumental or occupational domains in relation to others and/or oneself. Ambitious is defined as an ardent desire to achieve a particular goal - aspiring, driving, exerting pressure on self or others (1= relatively non-ambitious and driving; 7= strongly ambitious and

driving of self and/or others).

3. Malevolent/Benevolent

Malevolent is defined as having or expressing intense ill will, spite or hatred. Benevolent is defined as being marked by or disposing to doing good - good will. This rating should be thought of as a global or composite rating of the subject's view of the person's intent or effect on others. For example, a person thought of as overly protective and affectionate, such as having a "smothering" style might not necessarily be benevolent. This malevolent/benevolent dimension should be viewed as a general rating of the individual's influence on others as positive or negative (1= malevolent; 7= benevolent).

4. Cold/Warm

Warm in feelings with respect to others; ability to make others really feel loved by them regardless of how it is communicated. Cold refers to lack of warm feelings; unemotional; impersonal (1= cold; 7= warm).

5. Degree of Constructive Involvement

The negative end of this scale should indicate distant, reserved, remote, aloof behavior or alternatively, over involvement in an enveloping, enfolding, encumbering, encumbering manner in which people are either

ignored or inappropriately intruded upon. The positive end of the scale indicates constructive involvement and interest, but with a respect for the others' expression of individuality, (1= disinterest or destructive, intrusive involvement; 7= positive and constructive involvement with encouragement of autonomy and individuality).

6. Intellectual

Given to study, reflection and speculation; having an interest in ideas; creative use of the intellect; a capacity for rational and intelligent thought showing an appreciation for complexities and meanings (1= not at all intellectual; 7= highly intellectual).

7. Judgmental

Judgmental and critical as opposed to accepting and tolerant; having excessively high standards; inflexibility in relation to these standards so that others are made to feel that they don't measure up, (1= non-judgmental; 7= highly judgmental).

8. Negative/Positive Ideal

Rating should be made on the basis of how much the rater believes that the subject identifies with and/or would want to be like the person; the degree of admiration for qualities the individual possesses, (1= negative

ideal; 7= positive ideal).

9. Nurturant

Giving care and attention; as opposed to demanding or taking from others for their own needs. Nurturance can be defined as positive, "no strings attached" sort of giving, (1=low nurturance, 7= high nurturance).

10. Punitive

Ratings should indicate to what extent the person is either physically or emotionally abusive and inflicts suffering or pain, (1= non-punitive; 7= highly punitive).

11. Successful

This rating should reflect the subject's view of the person's success in terms of the individual's own aspirations. Ratings should not be limited to assessments of the individual in the conventional sense of success; i.e., wealth, power. Favor or eminence. Thus, for example, a person who is described as the manager of a bank, but who drinks heavily, would be rated as less successful than an efficient homemaker who is described as enjoying her life and functioning well and receiving satisfaction in this role. An equally competent and efficient homemaker would be rated as equally successful. In other words, ratings should reflect more than mere

occupational success or failure as conventionally proscribed. Successful should be a rating of the subject's impression of the individual's satisfaction with their own accomplishments.

12. Strength (Weak/Strong)

Not necessarily physical strength; this quality should be judged on the basis of the person's effectiveness or efficiency (as opposed to being mild or weak); solidity; power to resist or endure; possessing a sufficiently stable sense of self as to appear as a consistent figure, (1= extremely weak; 7= extremely strong).

APPENDIX G. DEGREE OF AMBIVALENCE

The degree to which the subject reflects ambivalent or conflictual feelings about the person; the degree to which opposite feelings about the person are expressed. (I.e., love/hate; negative/positive; closeness/distance). Ambivalence is characterized by confused, inconsistent feelings about the person; having a mixed mind. (1= no ambivalence; descriptions are all positive or negative; 2= some ambivalence; descriptions are primarily positive or negative, with some indication of the opposite; for instance the description may be primarily negative, but contain the wish for, or a glimpse of, positive elements of the person; 3= moderate ambivalence; 4=marked ambivalence; 5= extreme ambivalence). Phrases such as "but" and "although," as well as qualifiers, may indicate the presence of ambivalence.

APPENDIX H. LENGTH

VERBAL FLUENCY

An estimation of the number of words used in the description, based upon number of lines. Scores should be adjusted if subject uses either more or less words per line than the norm, due to handwriting size or expressive style.

1= 1-4 lines

2= 5-7 lines

3= 8-10 lines

4= 11-13 lines

5= 14-16 lines

6= 17-19 lines

7= More than 19 lines

APPENDIX I. CONCEPTUAL LEVEL

Based on developmental psychological concepts derived from Piaget, Werner and developmental psychoanalytic theory, five levels of object representation are defined. Based on these theoretical formulations, the conceptual levels of parental representations are scored as follows:

1. Sensorimotor-Preoperational (Score 1)

The person is described primarily by his/her activity in reference to the gratification or frustration he/she provides. There is an emphasis on the person as an agent who causes the subject either pleasure or pain, making them feel good or bad. The description has a personal, subjective focus and the person is defined primarily in terms of his/her satisfying or disappointing the subject. There is little sense that the person exists, is experienced as or defined as a separate and independent entity. The description centers on the direct value of the person for the subject.

2. Concrete-Perceptual (Score 3)

The person is described as a separate entity, but the description is primarily in concrete literal terms, often characterized in terms of physical attributes. There is literalness, a globality, and a concreteness to the description. Emphasis is often on what the person looks like in his/her

external characteristics or physical properties, in a literal, concrete sense.

3. Iconic (Score 5-7)

a. External Iconic (Score 5) A focus on part properties of the person in terms of his/her activities, but the activities and functions (in contrast to Level 1, Sensorimotor=Preoperational) are uniquely the person's and have little or no direct and explicit reference to the gratification or frustration of the subject, but rather the focus is on the person as a separate entity in terms of his/her functional activities and attributes.

b. Internal Iconic (Score 7) The person is described in terms of his/her attributes and part properties, but in terms of what the object thinks, feels, values, etc., rather than what he/she does. The description is directed towards internal dimensions. Importantly, many adjectives used to describe others are behavioral descriptions of the person and are scored 5, not 7. If a subject describes a person as cheerful, playful and gregarious, this reflects the subject's perception of the person's behavior, and is an external (5) iconic description. A score of 7 (internal iconic) is reserved for descriptions conveying the internal state of the person in such a way that the reader can empathize with the person's experience of reality, as the subject has done.

In both the external and internal iconic levels (5,7) the descriptions do not

describe a complexity of actions, feelings or values. There is a limited recognition of subtlety, development over time or integration of apparent contradictions. It is also important to note that iconic traits of the person may, in fact, often be described in relation to the self, particularly in descriptions given by children and adolescents. But they are iconic as long as the reader is left with the distinct sense of the person being described as separate and unique from the self.

4. Conceptual Representation (Score 9)

The person is described in a way that integrates many of the prior levels. The total description indicates that there are a wide range of levels on which the person is understood and experienced. There is an appreciation of internal dimensions in their own right as well as in contrast to the external. Also, there may be a time line in which there is an appreciation of change and variation. There are a variety of dimensions which are integrated and apparent contradictions resolved. Thus, there may be a sense of disjunctiveness in which the manifest, literal, and concrete may appear in contradiction to more internal dimensions. But the apparent contradiction is resolved in an integrated, complex synthesis. At this level there can be comments about the need

gratifying attributes, or physical and functional characteristics of the person; but they are part of a cohesive and integrated description.

APPENDIX J. LEVEL OF RELATEDNESS

This scale reflects the degree to which relationships with others (whether explicitly or implicitly stated), as portrayed in the self-description, are characterized by mutuality, reciprocity, and empathy.

At the lowest level (1), the individual describes him or herself as fused, indistinguishable, or inseparate from another.

At the next level (2), the individual conveys a sense of him or herself as isolated or disengaged from others.

At the next level (4), there is a one-sidedness in relationships. The individual could be concerned with receiving (and/or losing) support, care, attention and affection from others. There is a sense of dependency on others, or a preoccupation with possible loss and abandonment. This preoccupation with loss might be expressed in excessive caring for others. In general, interactions have a unilateral rather than a mutual quality.

At the next level (6), there is an ability for mutual relatedness or cooperation in a shared activity without a commitment to a long standing

and, close relationship.

At the highest level (8), mutuality and reciprocal caring occur in the context of an enduring, intimate relationship, e.g., a close friendship, a relative, or a lover.

APPENDIX K. LEVEL OF SELF-DEFINITION

This scale reflects the degree to which the description expresses that the individual has a clearly defined identity with particular goals and values conveying a sense of agency.

At the lowest level (1) self descriptions are characterized by either a lack of articulation of a sense of self and/or by expression of annihilation or fragmentation.

At the next level (3) there is a preoccupation with asserting or defining (even protecting) one's rights, prerogatives, and individuality. There is an emerging sense of self possibly in reaction to others or external circumstances.

At the middle level (5) the sense of self begins to be experienced internally. For example, there could be a concern with developing a sense of stability, order, regulation, and continuity. This is a transitional stage between the emerging or reactive sense of self in level 3 and the proactive, intentional sense of self based on a more internal definition in level 7.

At level (7) the focus is on accomplishments, activities, or goals which are part of one's identity and sense of well-being.

At the highest level (9) the individual has integrated many of his/her past and present experiences into an identity which enables the person to articulate values and to establish future plans and goals with a sense of purpose and dedication.

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