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A pioneer in the development of group psychotherapy, Dr. Hadden is a former President of the American Group Psychotherapy Association.

Group Psychotherapy in the Treatment of Homosexuality

Samuel B. Hadden, M.D.

While the treatment of homosexuality by a group psychotherapeutic approach is the topic assigned to me, to review some aspects of the disorder, and especially to present some thoughts about factors contributing to its development I feel will be helpful.

To me there is no such thing as a homosexual. I regard homosexual activity and orientation as but a symptom in an individual who is maladjusted. To regard homosexuality as a clinical entity and to think that all homosexuals are alike, have identical personality organization and to believe

that they can all be treated in the same fashion is folly.

In this presentation only a brief discussion of factors that contribute to the development of a homosexual orientation is possible because they are complex and numerous. At this time there are few who believe that hereditary and hormonal influences are contributing factors. It is regarded as a symptom that is experientially determined and as such should respond to corrective experience provided by a therapeutic program, and in my experience group psychotherapy is more consistently an effective approach.

It has long been recognized that the environment in which an individual develops will, to a large degree, determine his or her attitudes, and especially his attitude toward self. It is needless to say that the person reared in a home where there is kindly and considerate atmosphere will have a more advantageous experience than one brought up in a home in which a mother is harsh and castrating. The boy who fears, and is dominated by, his mother to the point of passively submitting to her dominance will be handicapped in his efforts to become a distinct individual. He is more likely to become a puppet-like character incapable of self-assertiveness. Such a dominated person is prone to develop much pent up hostility with a basic fear and resentment of women because they regard all women as threatening and castrating. A daughter is equally frustrated when similarly dominated and is likewise handicapped in the development of a confident, assertive and outgoing personality. While this kind of experience is handicapping I

do not mean to imply that one subjected to it is necessarily destined to be homosexually oriented.

The controlling over-protective mother can, and does, exercise equally damaging effects upon her children by preventing them from becoming confident, assertive and well adjusted individuals capable of making meaningful attachments to others.

Fathers, too, are recognized as contributing to the personality organization of their children. The hostile, aggressive and castrating father can prevent a son from becoming a confident male with an adequate masculine image. He is fearful of competing with his father and subsequently with other males. Undue passivity may again be the result of such a relationship. A daughter of such a father can develop a basic hostility to men that will handicap her in all subsequent interpersonal relationships.

A passive, ineffective or absent father does not provide a boy with the opportunity of identifying with a meaningful male figure nor does it enable a daughter to become acquainted with desirable masculine attributes. Warmth, affection and security are desirable attributes of a home but where there is struggle between parents for dominance or supremacy the children are confused by resulting turmoil and their concept of the role of parents is faulty and this contributes to the development of intrapsychic conflict and confusion and does not prepare the children effectively for roles they are destined by nature to play in our social organization.

It is in the home that our sense of

security and self image is determined. There is general understanding that lack of demonstrable acceptance and unmistakable love can have a lasting effect upon the confidence the infant develops in his environment. The change of the mother from being the principal source of comfort to the role of frustrator can have disturbing effects if the frustration is harsh and inconsistent. Where mother and others endeavor to control and guide by harsh criticism a derogatory self image may be initiated and nothing can have a more disturbing effect than the frequent expressions of disappointment in the child and especially to compare him unfavorably to others.

Activation of guilt is another means by which many parents aim to control the behavior of children, and intensification of guilt about things sexual is often initiated very early and is handicapping. It is in the first year of life that feelings of sexual guilt are first activated. When mother is changing the soiled diaper and the child reaches into the soiled genital area the hand is often slapped and the act is labelled bad, dirty, naughty or similarly denounced as unacceptable. Consequently, at age one and a half or two when a child becomes curious about the sexual endowments of another they already know that this is "bad," and carry out their investigations in private out of mother's vision. Subsequent discovery by mother or others of acts of sexual curiosity are vigorously denounced rather than capitalized as opportunities to assist the child toward an appropriate understanding of self and others.

Experiences such as those described are well recognized as contributing to the development of personality prob-

lems but none of them are specific for the development of a homosexual orientation. In my experience in reviewing the life histories of homosexuals there is a factor that occurs very commonly and although it is not specific I consider it important because it contributes substantially to the development of a derogatory self image, a sense of loneliness and isolation that definitely predisposes to homosexuality and requires only exposure, to initiate active homosexual behavior.

That to which I refer is not something that happened but an experience of which the person was deprived. I have called it "scrambling." Through unstructured play, children from the toddling period through the pre-school period, are prone to do much running, falling, embracing, wrestling and tugging; playing in such a manner that there is much physical contact with one's age peers of both sexes. As a result of this they experience closeness that leaves no doubt about their acceptance by their peers. They know they belong.

In this type of unstructured scrambling play it is inevitable that one will experience some injury and when this occurs a cry of pain usually stops the play and all show concern for the injured one. When the pain eases it is usually the injured one who again starts up the action. Children afforded the opportunity of this type of play know the meaning of close and warm friendship because they have embraced the warm active body of their peers — they know that friends can hurt without meaning to do so. They also learn that good friends can get angry at what they do but the anger is dismissed and they patch up their differences. They know what it is to share

enjoyment with others as well as to experience concern over the misfortune of another and to know that others are concerned about their welfare.

Unfortunately parents often deprive children of this type of experience. They protect them from being hurt, unaware of the fact that their admonition about getting hurt, getting dirty or getting their clothes torn prevent their children from developing the capacity to explore and to experience the feeling of belonging and enjoying close intimate experiences with those with whom they will live most of their lives — their peers. In the review of the developmental experiences of homosexuals I have found this absence of peer play in the preschool period to be a consistent factor.

Work that lends support to my belief that this scrambling experience is almost essential to development of the capacity to develop warm, intimate and meaningful relations with others in the experiments with monkeys by Harlow. He has shown that when male and female monkeys born in captivity are reared in absolute isolation for six months when they are placed in the company of monkeys of the same and opposite sex similarly reared in isolation they never develop the capacity to relate to each other. They never play, they avoid all contact with each other and never develop the capacity to copulate.

During this scrambling period, physical intimacy becomes an acceptable and enjoyable experience and as a result they develop agility and coordination, an asset which enables boys to participate in games and athletic activities with confidence and girls to be graceful and self-assured.

The boy who has been deprived of

the rough and tumble scrambling play is handicapped when he starts to school because he is not adept in the athletic activities which interest boys in the early part of school life. They judge each other by their athletic abilities and physical capabilities. The boy who is afraid of rough play and shows little athletic ability or interest is often labeled "sissy" or "Mama boy" and may become unduly compliant, and because of their passive nature they often become "teacher pet," and alienation from their peers becomes permanently established in this period. Because they do not enjoy peer acceptance they often compete by courting the approval of adults and become outstanding scholars who are openly approved by their teachers and other adults as being sensible and mature. To be so regarded does not improve their status with their peers. Often mothers and teachers consider the poorly adjusted boy as sensible and mature and many are directed into artistic pursuits and are encouraged to develop their "musical and artistic talents." Because they are quiet and compliant in the classroom many are directed toward religious life.

The lonely and alienated child may be wretched in grammar school and in Junior and Senior High school he may enter certain sports such as track, tennis, gymnastics or other available individual sports and attain a degree of recognition in these, but seldom is he able to develop that feeling of belonging. When the age of puberty arrives he is often lonely and has to deal with activated sex drive without the reassuring company of friends who together work through the problems of puberty and adolescence and pool their anxieties and experiences in dating and making an effective heterosexual adjustment, and the group, if

one is integrated, can act as a vehicle in which the individual moves from one level of adjustment to the next highest.

Time is too limited to go into the development of an awareness of being different on the part of those who develop a homosexual orientation but the majority recognize that they were "different" well before they started to school. Awareness of sexual interest may also develop early but is usually preceded by a distressing feeling of loneliness and aloofness. Often rigid teachings about the dangers of the opposite sex is a factor in making their adjustment so difficult and the fear of girls causes them to seek a "warm," "intimate" relationship with another person and because by insinuation those of the same sex are "safe" they may accept the first homosexual approach of an equally maladjusted peer or by an adult, often one who enjoys a privileged relationship with them such as uncles, brothers and even parents.

Masturbation and mutual masturbation is so common that it need not be the cause of great concern when it occurs in puberty and adolescence but in those who are more maladjusted those activities initiated in the pubertal or pre-pubertal period may continue into adult life and many will report that they were "homosexual" from a very early age and were active with peers and adults very early. It is the basic feeling of loneliness and isolation that leads one into active homosexual experience. Some have said, "It is better to be wanted as a sexual object than to feel that nobody wants you."

In discussing treatment it is well to point out that all homosexuals are not

alike any more than all heterosexuals are alike and not all are likely to benefit from treatment. It is the intensity of their personality defect and maladjustment that will, in the long run, determine the outcome of treatment.

Briefly, those who strongly identify themselves with the opposite sex, those strongly anti-social and identified with homosexual organizations seldom respond to any treatment approach. Those who are unhappy with their adjustment and especially those who are disillusioned by their homosexual experiences and relationships have a favorable outlook. Some who maintain that they are happy with their adjustment are only rationalizing and they may respond to treatment, especially in a group.

As I have indicated earlier, to me homosexuality is but a symptom of personality maladjustment and treatment of the homosexually oriented should be no different than the treatment of any other personality or character disorder. I have turned to the use of a group approach because I have had a long experience in its use in all types of psychiatric disorders and will only point out the dynamics that make it an effective approach to the treatment of the homosexually oriented. I do not, however, imply that individual treatment cannot be equally successful.

Our culture rejects homosexuality and as a result of this the afflicted harbor some understandable resentment and hostility. Until recent years psychiatrists were anything but optimistic about the outcome of treatment because Freud's pessimistic attitude dominated psychiatric thinking and

reaching. It was not unusual for those seeking psychiatric help to be told that they could not be helped except to live more comfortably with their problem.

To be effective the therapist cannot harbor any disapproval, contempt or other negative attitude toward those who are so oriented and must have an honest conviction that the approach and technique he uses is an effective one and that he can help patients to move on to a more adequate adjustment. Where negativistic attitudes exist in the mind of the therapist it is inevitable that they will be unconsciously communicated to the patient and defeat is assured.

On introduction to treatment we emphasize that homosexuality is but a symptom of their pattern of maladjustment and the patient is informed that the group is made up of those who have among their personality problems the same symptoms and are united in their effort to undergo change. The group members accept each other as they are and since they are joined in an effort to undergo alteration it is reassuring to each to be accepted as something other than a sexual object and to be part of a group that has a socially acceptable goal. This acceptance by a group, as well as a therapist who represents authority, (society) is a reassuring experience.

Those who enter the group with any residual feelings that homosexuality is what they want may soon be challenged by members of the group to tell them what is so wonderful about homosexuality. Here they are talking to those who have had experience and their rationalizations about their pattern of adjustment are soon destroyed. When one is confronted by those who are disillusioned

by their homosexuality and despise anxiety is thereby increased and even patients who were not motivated to change on entering treatment but were forced into treatment because of arrest or family pressures change their attitude and cooperate in treatment and undergo change. This breaking down of their rationalizations is something that a group can accomplish that is difficult to attain in individual treatment.

In the group one is able to learn that others are interested in him and are pleased by his progress in his work and in other areas of activity. He becomes a meaningful person to others who accept him, encourage him and help him gain a better image of himself.

Discussions of the traumatic experiences of early life, especially in the family, eventually leads to the development of a more tolerant attitude toward parents and other authoritarian figures. Expressions of hostility are understood and accepted and the futility of harboring such feelings toward the attitudes of our culture are learned. The real intent of parental behavior becomes more easily understood in the group atmosphere and an emerging acceptance enables members to become more tolerant and less fearful of authoritarian and parental figures.

More responsible behavior is expected of group members and an awareness that masculinity isn't muscles but is a complex state in which courage and willingness to face undertakings they might fear, develops as a joint project. As one member changes a job, leaves home or drops out of a gay group the other members recognize that this represents progress toward maturity and the confidence this activates is contagious.

The unreality of their attitudes toward the opposite sex is exposed and even misconceptions about the nature of the heterosexual union are explored, with the therapist supplying more appropriate information. All through therapy there is constant reality testing and all features of dynamic psychiatry can be utilized in a curative fashion.

The group is always ready to reassure an anxious member as well as to disapprove of one whose behavior is contrary to the group mores, and assuredly under the guidance of the therapist the group can provide corrective experience to offset the effect of early life experiences that were traumatic.

The progress of a member to where he has committed himself to a heterosexual course is one to which he is realistically encouraged and the other members are thereby reassured that they too can reach a similar and even more advanced stage of maturity. When heterosexual courtships are brought up for discussion our emphasis is that heterosexuality does not constitute the ability to perform a heterosexual union, but that sexual maturity involves character traits that enable one to make meaningful and responsible relations with those of the same as well as of the opposite sex, and that a sexual relationship is not the primary motivation for cultivating the friendship. Integrity, courage, tenderness and compassion and other desirable traits are recognized as essential to mature and lasting relationships.

At all times the group interrelationships are realistic and as a member reaches an adequate level of adjustment the members, having known him for many months, are

prepared for his departure if he has truly progressed. With equal acumen they recognize the one who would leave prematurely by taking "flight into cure." On such an occasion the group quite often has encouraged members to remain in treatment.

Commenting finally on the rationale of group psychotherapy, I shall quote the words of one of the earliest proponents of group psychotherapy, Cody Marsh, who said, "by the crowd they have been broken, by the crowd they can be healed."

The group may provide each individual the opportunity of reliving correctively experiences which were traumatic in early life. I have often felt that practically all of life's experiences can be duplicated in a group from the birth anxiety through the final separation from the members who have provided a new and favorable social milieu.

On entering the group the therapist is a parent figure who provides reassurance and protection. He accords them all significance and tolerance and permits difference of opinions among the members as well as objections to his views and when hostility is expressed there is no retaliation.

They find acceptance as they are and find themselves joined in a common cause in which they seek understanding of self and others. They learn respect for others and know that by their behavior they must earn respect and maintain it.

They learn through discussions that parental motivation was usually to guide and not to just frustrate and deprive.

They are aware of growth in others and they are motivated to change. There is constant reality testing and they acquire new values.

They tease, encourage, they scold and even ridicule each other but there is no malice. The teasing and ridicule I have often felt is similar to the "scrambling play," and conveys the same feeling of acceptance and belonging as that early period of close and intimate play.

As they grow together they re-examine the traumatic experiences of each other's early life and recognize the effect that it had upon them and how they responded. They know that they are changing and recognize their release from fear and hostility as they acquire a better image of themselves and relinquish old and self-defeating

patterns and acquire the ability to become more responsible and to be contributors to the environment in which they live.

In the homosexual, the hostility diminishes and their self image improves and eventually they accept the role that nature assigned them and embrace its responsibilities and renounce that pattern to which they turned in an attempt to terminate their feelings of loneliness and alienation born of the derogatory image and fears they acquired as a result of experiences they had as well as those of which they were deprived.

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