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OBSERVATIONS ON HOMOSEXUALITY AMONG UNIVERSITY STUDENTS*

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Since the war there has been a noticeable increase in cases of homosexuality as well as other socially offending sex cases among the general type of psychiatric problems seen in the University of Wisconsin Student Health Department. A great majority of the cases have been veterans.

Fear, of course, is the basic mechanism which drives patients to doctors. In the case of these individuals, who are usually first seen in a homosexual panic, there is intense fear of being caught, of being noticeably different, or the fear which slowly and deeply grows to depressing proportions, that of being unable to be like other people, to be happily married and to raise a family which will be their solace in later years.

✓ This fear of an old age loneliness was found in all individuals to be more important to them than was the immediate threat of ostracism at the present time should they be discovered. Hearing of the nonjudicial psychiatric staff, these patients would make an appointment, and in interview would cautiously make inquiries as to the privacy of records and the connection of the staff to any administrative or disciplinary body. Little was accomplished during the first two or three interviews except for inaccurate, frequently contradictory, records, which were corrected through several future visits, changing "no affairs" to "a few childhood experiences" to "innumerable nights of intimacy" or a long suppressed story of incest. As the number of cases increased and the grapevine spread the news that help through the Psychiatric Department was available, it became more common for panic cases to drop in as emergencies and explode all at once in the first conference. These were often timed with publication of some local news item concerning exhibi-

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tionism or discovery of a group of consorting individuals in town. Another cause was meeting a girl with whom they thought a future life could be enjoyable. Both situations produced the same fear of being found wanting in normal sexual concepts and activities and of being ostracized by society.

From 52 sample cases of assorted sexual deviations in male students seen by this investigator during the last year, 12 cases—all white and single—have been selected as true homosexuals—that is, overt performers of deviant sex practices with their own sex by reason of personal choice, without coercion, with enjoyment—who frequently sought the haunts and company and engaged in the activities of other homosexuals.

No psychotics were included in the original group. Of the remainder of the 52 cases 10 were involved in exhibitionism and public masturbation or the semiprivate variety; 4 were caught as "peeping Toms"; 2 were indiscreet as fornicators; 7 were psychopathic personalities of a multi-sexual opportunist variety; and 17 were considered as latent homosexuals, since they were either without overt experience or were limited to a few trial episodes. Several of these latent homosexuals were so young when they experienced their homosexual activities and were still too unfixed in their sexual pattern to permit classification among the regulars.

The whole group of 52 ranged in age from 17 to 42 years. (The 12 selected were from 19 to 31, except for one individual of 42 years.) These 12 patients were especially questioned as to their age at the origin of their condition. In retrospect, many would place the groundwork for their homosexual experience in childhood; thus incidents were brought up of family characteristics of dressing and undressing in the presence of mother and sisters, of mutual masturbation in childhood, of "horsing around" in wrestling with older boys, of old men taking an unusual interest in their clothing and urinary and bowel habits, and holding the children between their legs. Some felt it was a particularly attractive influence a person had cast over them in their late high school years. All, however, noticed they were different from others of their age group in childhood, and definitely in a different social category after puberty. None of them attributed their state to any deviant pattern in their immediate family, but only a few knew their genealogy beyond the parents, and none knew any details of the sexual patterns of their parents. In immediate families the only abnormalities noted were alcoholism in one, a promiscuous father in another, and divorce and remarriage in 2.

Socially, these patients attained a fairly significant status. Two were active in the dramatic arts; one was a professional musician in a large metropolitan symphony orchestra; one was a medical student; 3 were advanced graduate students, with one a Phi Beta Kappa. Two were

teachers, another a radical politico with much publicity, and 2 were mediocre students with poorly defined future plans. None of the group had a hobby, such as woodworking, stamp collecting, radio, etc. In a few cases reading and walking were listed as hobbies. Organized sports were untouched by this group, rarely even as spectators.

Practically all said they spent their free time in deep discussion of art, drama, rights of man, and much common gossip including relation of their own past histories and their reaction to its retelling. This often led to segregation of couples and more intimate discussions as bedtime approached. All claimed the passive part in the initiation and continuance of homosexual activity, but later as they grew older they adopted more aggressive and daring approaches. In order of frequency and adoption of techniques, it was most common to start with mutual masturbation, then assume heterosexual positions in intercrural intercourse, then one to rotate to the position of penis in mouth as in fellatio (alternate or mutual) or to reverse to the position of penis in anus as in sodomy. In time one method was favored, although all participants admitted they would tolerate another approach if they "loved him enough." Two members consorted regularly with Negroes. One attempted to room with a Negro, but owing to private and public reaction was prevented from doing so. The 2 who associated with Negroes favored themselves as fellator first and sodomist second. There were no examples of transvestism or of violent masochistic supplementations, as flagellation, biting or scratching. A few of these individuals noted a progressive change in their pleasure from seeking the part of the male acting partner to a gradually increasing desire to take the female acting part. In first commencing their activities in youth all stated they were passive receivers of a repugnant act almost forced upon them. All but 2 remained relatively passive in their adult invitation to sexual activity. Two repeatedly sought out much younger individuals with little or no experience and aggressively planned their conquest.

The mechanism of meeting is elaborate and prolonged. The city square at night is often a favorite place for picking up companions. During the promenade an interested person picks up one or more followers, moves to a position where he can stand without too much attention being drawn to him, as at a railing, then waits for his followers to show up, one to make the gradual approach, usually remark on the beauty of the evening, edge up to bodily contact, and place a hand on the shoulder, thigh or more personal areas. Remarks are veiled, and usually both parties are unwilling to make the first verbal or physical entree which could be interpreted as a sexual approach, possibly for fear they may be in error and subject to immediate arrest. The next step, if familiarities are permitted, is to suggest a drink or an immediate

visit to a room where activities commence. Taverns and bars were most often centers of congregation. Glances and smiles are exchanged and through several hours aggressors move toward or away from various passives until in time a selection of a mate is made. Sometimes a selection is made only after several tavern visits. Occasionally, nothing is said between two interested parties. This is particularly satisfying and is held as the highest achievement because it proves the attraction each has for the other is not based on the artificialities of speech. Movie theatre back seats are used as rendezvous for lonely and desperate consorts. Acquaintance through usual social channels is more difficult except in the group frequenting musical and dramatic performances.

Religiously, opinion in the group was liberal. None expressed religious or racial prejudice. Regarding creed, 5 protested a definite belief, 3 coming from Protestant and 2 from Catholic homes. The remaining 7 were divided into 4 of Protestant faith, including a Quaker and a Christian Scientist, 2 Jewish, and 1 who stated he could not be bound by the dogma of any faith other than a belief in a Greater Being. Only 2 attended church regularly. None felt that there was any religious taboo specifically relating to homosexuality. Only one was an active religious proselyte. This was a Quaker who was actively engaged in a socio-religious peace movement.

Six of the 12 are veterans of World War II, discharged on points with no disciplinary record. Five of the 6 were active homosexually during their service life. The other one immediately became active on discharge when he heard of the death of a nurse whom he had frequently dated, and who knew of his latent homosexual status and with whom he had planned marriage. One was specifically directed not to drink while in service because he "did things in public" that he should not do, which were punishable by court martial. As reported often in military psychiatry, most homosexuals are to be found in the secretarial branches, chaplain's aides, hospital assistants, photographers. Two of the 6 veterans during service were employed as hospital assistants, another in a band and a dance orchestra, another as a chaplain's aide, and one as a stenographer. None saw active combat and only one was overseas. Contrary to expectations, none were introduced to homosexuality via the service. One of the non-veterans served as a conscientious objector in camp and prison for three years. The others were excluded from service by reason of physical disqualifications, essential jobs as teacher, premedical student, airplane factory worker, or under age.

Among the group there was no great use of special slang terminology. Perhaps this was due to the cultured atmosphere, but the only terms used were gay, queer, queen and fan. Only 2 of the group spontaneously mentioned the pleasures of the ambiguous speech between homosexuals

as contrasted with the vulgarity of any attempts at ambiguous speech in heterosexuals.

Only 4 of the group failed to experience physical revulsion approaching nausea when exposed intimately to the female body. One, while sitting in a deep hammock with a lightly clad female, experienced an erection followed by sudden nausea. None had prostituted themselves. Two had visited female prostitutes, one without resultant special feeling of any kind, the other with increasing disgust, use of repeated prophylactics and troubled dreams for some time thereafter. The likes and dislikes of the group were interesting. After careful consideration and reminder on at least two visits with a final culling on the third visit, they were asked to select their most deeply felt likes and dislikes in life, aside from active sex. The likes included: evening with family or friends, ballet, movies, plays, reading, dancing, radio, especially music and particularly the impressionistic and classical type of Debussy and Tschai-kovsky. Those who cared for non-classical modern music enjoyed Count Basie and Duke Ellington as favorites. It is interesting that both of these men are Negroes. With this list their likes stopped. Those things which were most distasteful to these patients were: chalk on hands, dirt, stepping on bugs, music out of tune, women in general (described as "awful"), baseball, piety, required social functions, noise, police, routine or anything approaching monotony.

Love is a commonplace word in conversation with homosexuals. They are fully able to understand the unusual loves expressed by another and to entertain an excellent empathy in their relating. Thus when an overt homosexual has been told in a hypothetical case of the letters and exchanges of gifts, the philosophies and physical raptures described by another homosexual he becomes deeply touched. He may attempt to offer or even urge his own advice on the one described and to make sincere inquiry from time to time through the doctor about the progress of the lovers. Because of their casual freedom of speech on sex matters between themselves it has been difficult to discuss some of their own much involved individual case histories in the more active members of this group without implicating a large number of well known homosexuals on the campus. Thus in the 12 included here, there was a clique of 3 who well knew the life histories of the other 2 in the group. Like heterosexuals it was perhaps significant that each deleted from his story to the other that more than one affair was in progress at or about the same time. Likewise, each homosexual among the 12 felt that his present amour was a permanent one, different from the one before him.

These people represent a parody and a paradox in emotions; in a sense they burlesque love as a heterosexual knows it and yet they are a continual tragedy of failure to find either sex gratification or a person

through whom they may enjoy continuously that measure of sex gratification they attain. They are devoted to their loves with an expressed passion; yet they have little if any feeling for their parents and doubt that they would be upset beyond a small measure of inconvenience if death or severe illness were to involve them. There is a narcissistic selfishness in their disregard for people as a whole, no nationalistic or patriotic feeling, a general disdain of inheritance and social values of law, religion and the betterment of mankind. It is obvious that there is no interest in eugenics. All feel distinctly inferior though their façade may be one of superiority. Their periods of panic are brief interludes of near awakening to heterosexual thinking, but almost entirely on a level of childish immaturity such as the fear of being caught. Their decisiveness is lacking, from the initiation of sexual activity among their own kind to the lack of resistance to its continuance or the ability to change actively to more socially acceptable sexual performances. This is in the nature of a compulsion of inertia. Their indifference to fundamentals, their inertia, their fantasies and investiture of simple events with markedly exaggerated interpretation, their paranoid trends, emotional immaturity and well known instability and suicidal ideas indicate a large schizoid element in their personality. They are pre-occupied with sex gratification and largely controlled by the desire to increase their opportunities in sex activity. No critical analysis of objective tests has been attempted for this small group. However, the profiles of both overt and latent homosexuals who took the Minnesota-Multiphasic Test were above the normal in Mf (Masculine-Feminine) score and low in Pd (Psychopathic deviate), but within normal range. It is emphasized that homosexuality should not be considered as a separate entity, though it may approach such proportions in some individuals.

From earliest times the question of inheritance versus effects of the environment in producing the qualities of homosexuality has been debated. During the last century the tendency to accept homosexuality as an acquired characteristic was common and many attempts were made in treatment to control the drives of these people by psychotherapeutic methods. There have been obvious deficiencies in this concept. The present attitude is toward the congenital anomaly or inherited tendencies in this group.

In favor of the inherited etiology, Theo Lang (4) in his studies on the genetic determination of homosexuality obtained figures which suggest strongly that many cases of homosexuality are hereditarily determined by a definite genetic mechanism. There is further evidence of the basic medical differences between homosexuals and normal individuals as seen by the work of Wright (12), Sevringhaus (9) and Meyerson

and Neustad (5) in which the amount and proportion of estrogens and androgens are distinctly different from similar determinations of normal individuals. Green and Johnson (3) support this view experimentally and consider the abnormal ratio as a sign of homosexuality. It is concluded by Meyerson and Neustad (5) that the amount of androgens in the body is mainly responsible for the strength and vigor of the sex drive of the individual, while the absolute and proportionate amount of estrogen determines its general direction. Williams (6) (at Lexington, Kentucky) has demonstrated that feminine male homosexuals differ from other males in that the usual decrease in serum cholinesterase following prostigmine injection does not occur. Clinical evidence has repeatedly demonstrated a great mass of information which tends to confirm the constitutional qualities of homosexuality by personal history and autobiographies of known homosexuals. Many of these records show practically no environmental influence to produce personality molding toward such an aberration. All stress the very early development of homosexual idiosyncracies. In a great majority of cases extreme mother dependence is common. Silverman and Rosanoff (10) in a study of 55 homosexuals at the Springfield, Missouri, Medical Center for Federal Prisoners obtained a high incidence of neurologic signs suggestive of cerebral lesions as well as histories of neuropathic taint in the family histories of homosexual individuals. Pathologic or borderline electroencephalographic tracings were obtained from 75% of the prisoners tested. It was concluded that an inherited or early acquired abnormality of the central nervous system played a contributory role in the development of homosexuality. X-ray studies of the skull and metabolic tests failed to show significant deviations from the normal in other of Rosanoff's studies (8). Havelock Ellis (2) reported that eccentricity, alcoholism, neurasthenia, insanity, nervous disease and inversion were commonly found in the family background of homosexuals. Whether these various findings indicate a distinct third sex, a sex intergrade or sport, or an interruption in maturation producing moral, intellectual and physical alterations in the individual is far from conclusively established, but in general the theory concerning the constitutional character of homosexuality is currently popular.

The problem of treatment of homosexuality is made immensely more difficult and decidedly empirical because of the undetermined etiology. All the techniques of psychiatry have been applied in attempting a "cure" of homosexuality. Most textbooks gracefully evade the subject. Of the various methods now in use to correct homosexuality, the endocrine method has not proved satisfactory. Meyerson and Neustad (6), with the use of oral methyltestosterone, 10 mg. twice daily for two months alternating with a rest period of two months, have

demonstrated that the treatment may modify homosexuality, taking away the compelling drive, but basically does not change the direction of sex gratification. This is essentially the result of all other investigators in the field of endocrinology. Disciplinary measures have long been known to be unsuccessful. Hypnotherapy and narcosuggestion have failed. Conscious methods of psychotherapy involving substitution techniques, the use of sedative or depressant drugs and recommendations for heterosexual intercourse have shown no conclusively effective result in control or obliteration of the condition. Curran (1) in England states there is little hope of alteration after the age of 25, although there is better perspective and better coping with the problem. He states it is necessary for people to remove their homosexual disabilities from a special mental compartment where they are subjectively hidden. Habit formation is stressed as important and avoiding abnormally stimulating situations. Good mental hygiene is stressed. He adds that sexual perversions are often the result of boredom, using the adage, "the Devil finds work for idle hands."

The only person to claim real success has been Owensby of Atlanta (7). In 1940 he reported his treatment by means of metrazol shock therapy. In 1941 he reported 15 cases treated by this method with 13 "cured" for three years and only 2 failures because of inadequate follow-up. He states that male homosexuals do not want to change except for the fear of social penalty. He accents that homosexuals are on the increase and that there are from 10 to 30 million in number in the United States. (We have seen one homosexual whose latent quality, prior to electric shock therapy given for a schizophrenic episode, has turned to overt activities on at least one occasion and possibly two since his therapy.) As yet the enthusiastic reports of Dr. Owensby are not substantiated.

The method of treatment used by us here has been one of direct psychotherapy. The patient is carefully informed that the desire to make a permanent change in his habits, co-operative self-help throughout life, and the temporary cessation of all overt sexual activities, both homosexual and heterosexual, is necessary from the beginning. He is advised to consider carefully just how much he really desires to alter his way of thinking, acting and feeling. Perhaps he is given more opportunity to withdraw than to enter upon a hard and lifelong project. No guarantee of success is offered, but a possibility of reshaping his life by reconditioning and re-education is suggested. It is only fair to admit that many individuals are unwilling to accept so tenuous a security as a hope and immediately withdraw from the long term therapy plan.

If agreeable to the plan, the project is commenced by a description of the early embryologic bisexuality in the human being with stress

on a late determination of individual sex characteristics in intra-uterine life. This opens the way to discussion of the many possible intergrades between "absolute masculinity and femininity." There are innumerable examples which can be drawn from personal acquaintances of the patient or from his knowledge of animals as cows, chickens and dogs in which one sex may undertake or assume the position and activities of the other sex at certain seasons or when in certain combinations of herd or associations. Also, many examples of the flexibility of sexual adaptation can be drawn from information on persons exposed to unusual circumstances as the conversion of an apparently stable heterosexual to overt homosexuality under stress of war, isolation, imprisonment, alcoholic intoxication or immediate social pressure. The return to heterosexual living by change of environment, change of social pressure and factors of adaptability in these people are a stimulus to the hopes and plans of the prospective patient.

As the patient is desensitized to the enormity of his problem and to the disinterested scientific attitude and terminology of the psychiatrist there is good opportunity to explain the logical development of the restrictions of society on deviant sex practices. A practical, sociologic approach sprinkled generously with present-day tribal variations and religious and superstitious influences serves to make more interesting a purely historical and ethnologic subject. Thus the early polygamy and mixed sexuality and practices of early man are brought down through history and conditions of living to the accepted monogamous and purely heterosexual practices of the present mores of civilized man. Emphasis is placed on bringing the description up to present-day life with examples of the practical value of adherence to the basic taboos even though it is common knowledge that some other condition as heterosexual familiarity or even promiscuity are tolerated and apparently even sanctioned publicly.

With the academic preparation finished the interviews become more practical and personal. Several sessions are devoted to questioning the patient on his concepts as to the outward appearance and manner (criteria of identification) of the commonly accepted homosexual type, then specifically those marks of homosexuality which apply to himself are determined. The patient frequently recalls conversational allusions by people unacquainted with his sexual practices which were spoken of as "queer" patterns. These are studiously eliminated as a practical lesson of establishing confidence by manly first appearance and the development of mannerisms which are masculine in connotation or at least not doubtfully masculine. At first many patients feel that changes in hand movements, voice inflection and especially in gait and facial responses are unnatural and a false veneer, but as they continue to practice and obtain

favorable reactions from their associates or at least do not find themselves under unfavorable surveillance they are increasingly eager to improve their adaptations and obtain a confident polish to their physical control. This conning in the dramatic arts is a delicate feature of the therapy. It is difficult for the patient to give up or to alter many patterns of life-long duration or those which he has formerly cultivated to a high degree of perfection in an effort to obtain greater satisfaction in his former way of living. It is obviously very easy to antagonize by aggressive criticism at this time. Nevertheless with any slight achievement this step coming early in the program gives great stimulus to the shaken confidence of the homosexual.

The change in the associational thinking of the homosexual commences with the first interview and continues throughout every contact thereafter. The process is a slow and often unconscious one among those who collaborate by dropping their connections with their homosexual friends and endeavoring to expand their interests and activities along conventional lines of psychosexual behavior. Among those who are resistant to giving up a room mate or friend, or unwilling to renounce completely the homosexual preoccupation with daydreaming fantasy there is only superficial alteration with no real change in the ego image. Where there is fairly strong evidence of psychopathic personality there is little chance of developing an undeviating heterosexual response pattern to the stimuli received by these individuals who have over a long formative period attached a veiled homosexual connotation to almost everything in their environment. The whole ecology of the patient must be modified and particularly in this area of associational and conceptual thinking which in turn is dependent on the degree of adaptability and the experiences of pleasure in the new environment. Great effort is devoted to encouraging a competitive sense, beginning with sports or games with the intent of diverting a usually large amount of unbalanced paranoid feeling to the control seen in competitive fair play. The socialization and diversion of outlook in group endeavors is pushed and opportunity for acceptance by a heterosexually oriented group is constantly sought. The plan bogs down badly among the unconfident, passive and dependent individuals who must be encouraged along more organized lines such as taking courses in public speaking and debate (foregoing dramatics) rather than progressing by his own volition in seeking responsibilities.

The lassitude and inertia of homosexuals greatly contributes to the poor psychotherapeutic results. During the heat of remorse at being publicly exposed or legally punished they respond attentively to the preliminary work of preparing them for their ecological change, but the stigma of their pattern follows them in time and their socialization is a

most difficult thing in even the relatively enlightened atmosphere of a university. Those who have sought help without public pressure also quickly deteriorate in the strength and vigor of their efforts.

Up to the present time only one of the selected 12 has made significant improvement during one year of this type of psychotherapy. His pattern is not yet automatic, but he has found a reality which is not without great compensation in comparison with his former fantasy and practice. There have been no scholastic or psychiatric casualties in this group.

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