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Misusing Freud: Psychoanalysis and the Rise of Homosexual Conversion Therapy

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Current ideas of conversion therapy often focus on extremist religious groups that wish to cleanse the world of what they view as an immoral abomination, homosexuality.\(^1\) However, conversion therapy started out as mostly scientific curiosity. Sigmund Freud’s psychoanalytic research on human sexuality helped set the standards on psychosexual study in the twentieth century. Unfortunately, his views on homosexuality became distorted in the 1950s when psychoanalysts and psychiatrists used his methods of therapy but ignored his conclusions on homosexuality and sexual nature itself. Such distortions led to the destruction of many lives within the homosexual community.

Reparative therapy on homosexuals exploded into a crusade in the 1950s to attempt to cure what many psychoanalysts considered a pathological disease. But well before the post-World War II era, homosexuality was looked upon as abnormal or pathological. It began in the late-nineteenth century when those in the medical field started studying sexuality and understanding its relation to human behavior. Psychologists and psychiatrists like James Kiernan and Richard Von Kraft-Ebing defined sexual identity, and they used hypnosis to condition patients’ sexuality, which marked the beginning of the study of human sexuality at the turn of the twentieth century.\(^2\) It was when Sigmund Freud began to research sexuality as it related to behavior patterns and the makeup of the human psyche that the psychosexual field began to evolve.

The Father of Psychoanalysis

Known as one of the leading psychologists of the early-twentieth century, Sigmund Freud introduced new methods of studying the human mind according to how humans behave, think, dream, and love.\(^3\) He believed that personalities and self identities are conditioned from what

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people experienced as children and their relationships to their parents. Using psychoanalysis as a new method of studying and treating those seeking psychological help, Sigmund Freud began to understand more about human sexuality than those before him, including the attraction one person can have to another of the same sex. Freud initially believed that all people were “innately bisexual” and that they carried both heterosexual and homosexual tendencies; these tendencies can be conditioned into adulthood as one’s own sexuality depending on psychological development during childhood and adolescence.  

He began treating a teenaged, upper-class girl whose father wanted to help her when he discovered her love affair with an older woman. Using psychoanalytic methods, Freud studied the girl’s behavior, her love for the “lady,” the relationship with her parents, and her childhood. He concluded that the girl’s unhealthy and bitter relationship with her father helped her become resentful towards men. He also found that her rivalry with her mother for her father’s affections helped influence her abandonment of her place as a woman. As Freud explained, “She changed into a man...and took her mother in place of her father as her love-object.” He stopped the treatment when he realized that treating her was not a viable solution.

This case study helped structure Freud’s opinion on homosexuality and the success rate of treatment for a cure, which, according to him, was not very promising: “It is not for psychoanalysis,” he says, “to solve the problem of homosexuality.” He believed that one must be willing to be treated and still carry strong heterosexual tendencies equivalent to that of homosexual desire to at least resemble the “innate bisexuality” that originated in all human beings. Otherwise, Freud had recommended against treatment, believing it would not succeed in attempting to change a patient’s sexuality. As Freud had stated, “one must remember that in normal sexuality also there is a limitation in the choice of object; in general to undertake to convert a fully developed homosexual into a heterosexual is not much more promising than to do the reverse, only that for good practical reasons the latter is never attempted.”

8 Jacobus, “Russian Tactics,” 123.
10 Katz, Gay American History, 155.
never termed homosexuality as an illness or disease.\textsuperscript{11} He did consider homosexuality as abnormal, but saw it as part of a normal pattern of human sexual behavior.

Freud stood by this belief fifteen years after his case study with the young lesbian when a concerned mother wrote Freud asking if he was able to cure her son of homosexuality.\textsuperscript{12} Freud responded saying that treatment was not necessary and that there was nothing psychologically wrong with her son: “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.”\textsuperscript{13} Sigmund Freud was one of the few psychoanalysts in the early part of the twentieth century who did not classify homosexuality as a pathological illness. Unfortunately, many of his contemporaries and those who studied under him did not think the same way. A former pupil of Freud took what he learned from the founder of psychoanalysis and developed his own conclusions on homosexuality.

\textbf{The Distortion of Freud}

Openly gay author and historian Martin Duberman recalled in his memoir the repression during the 1950s and ‘60s that homosexuals had to live through: “In these pre-Stonewall times, a few brave souls had publicly declared themselves and even banded together for limited political purposes, but the vast majority of gay people were locked away in painful isolation and fear, doing everything possible not to declare themselves.”\textsuperscript{14} His memoir, \textit{Cures}, is the story of Duberman’s struggles as young gay male who was one of many victims of the crusade that was brought against homosexuals by those who claimed that they were there to help “cure” their illness. But all that these “cures” did was contribute to the confusion and heighten the fear and hatred of homosexuality in American society. Freud would not have condoned this type of treatment when it was in hopes of a cure, even though it was one of his pupils who started it all.

Dr. Wilhelm Stekel studied under Freud, and he learned about the human psyche and the human behavior patterns that developed into adulthood. He continued his mentor’s work by researching dream analysis and the condition of the human mind as a result of childhood

\begin{thebibliography}{99}
\bibitem{11} Robinson, “Freud and Homosexuality,” 145.
\bibitem{13} Ibid, 1.
\end{thebibliography}
He agreed with Freud in believing that every person was bisexual and could be conditioned depending on one’s own personal and psychological experiences. Freud believed that if one of those sexual tendencies is suppressed while the other reigned, it would be difficult to release those repressions even with psychoanalytical treatment, and Stekel did not see it that way. He assumed that if heterosexual tendencies were there, repressed or not, they could be brought up to the surface and, with good psychoanalytical treatment, could cure the patient of the abnormal homosexual tendencies. In *The Homosexual Neurosis*, Stekel argued against Freud, stating “Our investigations thus far have repeatedly shown us that in the case of homosexuals that the heterosexual path is merely blocked, but that it would be incorrect to hold that the pathway is altogether absent.” Stekel also went against Freud by terming homosexuality as an illness, saying “This disease in question is not a congenital condition but a psychic state which can be handled by treatment correctly applied.” For that to be accomplished, he expressed that psychologists needed to go beyond the standards and rules set by Freud and develop a more advanced method of treatment. Stekel held that Freud’s methods were significant but limited in treating homosexuality. He believed that the field of psychoanalysis was in its prime and further development of this treatment would surely secure the cure for homosexuality. This analysis does seem to foreshadow the psychoanalytic campaign that began in the 1950s, but even before that era, many doctors attempted to “cure” homosexuality using other more physical methods of treatment such as hormonal medication, electric-shock therapy, and even lobotomy. These physical treatments of homosexuality were not always welcomed by psychologists because these methods could have unforeseen consequences, biological or psychological, which could damage any chance for psychoanalysis to come in and treat the patient to a normal level of health. In the late 1940s, psychoanalysis became more popular and was utilized by doctors to try and cure homosexuality, which seemingly had been spreading throughout society due to the visibility of a growing gay public presence in America, particularly in urban areas.

Dr. Edmund Bergler was a well-known psychiatrist who helped set off the campaign in the 1950s to attempt to treat and “cure” homosexuality as a pathological disease; he contended that “Homosexuality is not the ‘way of life’ these sick people gratuitously assume it to be, but a neurotic distortion of the total personality.” In his widely popular 1957 book, *Homosexuality: Disease or Way of Life?*, Bergler followed Freud’s approach in studying homosexuality by

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looking at the inner psyche and psychoanalyzing his patients’ desires and childhoods. As Freud had discovered with the young lesbian, Bergler believed that the influences from childhood experiences could affect a homosexual’s view of the opposite sex and his own gender identity. Bergler did not come to the same conclusions as Freud had about the curing homosexuals. Bergler believed that by reinforcing the guilt that he saw all homosexuals carrying for indulging in same-sex pleasures, he would help them obtain his idea of normal mental health. As Bergler concluded, “mobilization of this guilt, and placing it where it genetically belongs, provides the vehicle for therapeutic changes in psychiatric treatment.”

Bergler had used the psychological methods created by Freud in an attempt to “fix” homosexuals, which Freud stated was not possible.

These methods had been a common practice among psychiatrists in the late 1950s. For example, in his memoir, Martin Duberman disclosed that he sought psychiatric help to cure him of his grief, which he believed was connected to his failed homosexual relationships. His doctor used Bergler’s methods of attempting to find the fear and disgust of the opposite sex that Duberman had “unknowingly” been suppressing and used that to enforce guilt upon him. He had asked Duberman “Is it any wonder you have had difficulty ever since in entrusting yourself to a female? You’re chronically angry at women and refuse to get it up for them. To enter a vagina is for you to risk being swallowed alive.” This treatment did not work for Duberman; he could not sustain sexual relationships with women because he felt no attraction toward them.

Bergler also did not agree with Freud’s theory on “innate bisexuality” within all humans: “Bisexuality exists only as a flattering description of the homosexual who is at times capable of mechanical heterosexual activity: such activity provides him with the inner alibi he needs.” Bergler theorized that all those who claimed to be bisexual were just homosexuals who used this as a mechanism to justify their guilt and deceive the women they married or planned to marry. He believed that this inner guilt needed to be brought out and dealt with instead of suppressed in order for treatment to be successful. Bergler used this method in many of his patients, which he believed was successful. In one case, a twenty-four year old man, Mr L, came to Bergler because he had homosexual desires, even though he did not believe himself to be one. Bergler saw the strong guilt in this man for having these desires and told him a “cure” was possible: “If your inner rejection of homosexuality is as strong as your intellectual objection, this may all be no

20 Ibid, 27.
21 Duberman, Cures, 59.
22 Ibid, 8.
more than a disagreeable recollection in a few months.” Bergler analyzed the young man’s past and his relationship with his parents. After months of treatment Bergler concluded that Mr. L had been cured and had good relations with a young woman. Bergler never recorded if he followed up on Mr. L or any other of his patients whom he considered successful cases.

Bergler believed that with psychoanalytic treatment, homosexuals could lead normal heterosexual lives, even though it meant that they must reject part of themselves which could and probably did lead to future mental and emotional breakdowns, but Bergler did not see it in that way: “I can say that with some justification that I have no bias against homosexuals; for me they are sick people requiring medical help.” Bergler’s beliefs on homosexuals and how to treat them became common in the 1950s-60s among psychiatrists and psychoanalysts who felt that homosexuality was a growing problem that the general public needed to know about and should not ignore like they had in the past.

Beginning in the 1960s, the idea of the nuclear family became stronger and more appealing to Americans. Psychiatrists and doctors were coming out with more research and information on the illness that homosexuality could cause; they feared that the family structure was at stake and needed to be analyzed and studied to see how homosexuality had developed in a family setting. Dr. Irving Bieber was one of the psychoanalysts who studied the aspects of family life and the roles that parents played and how they could affect a child’s view of sexuality and gender. In his book, *Homosexuality: A Psychoanalytic Study*, Bieber stated, “The foundations of personality and psychopathology are set within the nuclear family. When these influences are pathogenic, they create and then maintain psychopathology in the child.” Bieber argued that the structure of the family was key to understanding and treating the homosexual, and it was just as important as the biology and neurosis that Bergler had studied.

Bieber concurred with Freud’s concept about the great influence that a parent’s role in a child’s life and how it could affect the child’s own gender identity, social skills, and feelings about the opposite sex. He believed that psychoanalytic treatment would help repair the damages from the patient’s childhood that caused him to be homosexual. Bieber saw a common pattern among his case studies on how young boys had developed a homosexual identity: either the gender roles of the parents reversed in the child’s eyes or the child had an over-protective mother and a distant father. The latter has been used as a common stereotype to identify the

24 Ibid, 61.
28 Ibid, 299.
parents of a gay son. Bieber also reiterated the importance of a strong nuclear family in producing mentally healthy and stable children: “Detachment between husband and wife was significantly more frequent among the parents of patients who did not remain in therapy.”

These notions and stereotypes that developed from Bieber’s research became more wide-spread to the public when he released an article in 1964 summarizing his research; he gave families guidelines for how to behave around children so they would not become homosexual.

In his article, “Speaking Frankly on a Once Taboo Subject,” Bieber mainly spoke to parents and called for a need to bring the subject of homosexuality out in the open and discuss within the family to protect the children and their future. He believed that parents needed to understand the early warning signs of homosexuality and guidelines to keeping children safe from an adulthood of misery and pain, which he believed was common among homosexuals.

He concluded that homosexuals were conditioned from an early age because of the fear and disgust they felt towards the opposite sex and this could have been influenced from the behavior of the parents: “To prevent childhood homosexual symptoms from developing – or possibly even to ‘immunize’ youngsters against them – it is necessary to consider the behavior of parents.”

He urged parents to look out for signs in a “prehomosexual child,” and if there were any to be found, that the child needed to see a psychiatrist or a physician as soon as possible before the sexual pattern was firmly integrated into the child’s behavior. Bieber had used Freud’s methods of psychoanalyzing the family of the homosexual to understand how they think and act, but he disregarded Freud’s conclusions that continuing treatment on homosexuals would be unsuccessful. This view on psychoanalysis’ ability to cure homosexuality was becoming the norm among the psychological community. Duberman, who had lived through this episode, saw the kind of impact that Bieber had on the culture during that time: “Bieber’s views (along with those of Charles Socarides, whose most publicized work appeared a few years later) dominated psychiatry for a decade, and beyond.” Using Freud’s creation seemed to be the common theme with Bergler and Bieber, as well as others within the psychological community, to credit their accomplishments and discard those that did not give them the results they wanted.

“We Are Only Human!”

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29 Ibid, 279.
31 Ibid, 75.
32 Ibid, 75.
33 Duberman, Cures, 65.
Duberman theorized that “had American psychoanalysis been the legitimate heir to Freud’s questing spirit, instead of its perverter, it might have been engaged instead in trying to understand such matters as why heterosexual Americans are such limited lovers, and why American men in particular are so emotionally constricted.” Here Duberman put into perspective what could have happened if psychology had taken Freud’s views on homosexuality seriously. Unknown to Duberman at that time, who was facing his own battle, there were some who were fighting for homosexuals to be free of social and psychological constraint.

Dr. Abraham A. Brill was also a pupil of Sigmund Freud who used psychoanalysis to treat homosexuals in order to understand them better. Unlike Stekel, Brill came to the same conclusion as Freud, that homosexuality has no connection to any type of illness or pathological disease. Brill had also taken under his care those who had previously been treated by other doctors who had used more physical methods on them. He realized that those treatments had no satisfying effects on homosexuals and saw the reality of what had been done to them: “I have met and studied a large number of homosexuals and have been convinced that a great injustice is done to a large class of human beings, most of whom are far from being the degenerates they are commonly believed to be.” Still, the use of psychoanalytic treatment as well as methods introduced in the 1930s and 40s, were being applied in the attempt to understand and “cure” homosexuality. These psychologists became more determined to pursue these methods when a report came out on human sexuality that shocked the psychological community.

Dr. Alfred Kinsey, along with two colleagues, collected statistics on men and their sexual histories and experiences. Kinsey’s team released Sexual Behavior in the Human Male in 1948. In this report, Kinsey researched homosexuality and found that out of all the males in his study, 6.3 percent had experienced homosexual encounters. He believed that this percentage would have been higher than what he had found if they had factored in those who avoided same sex contact but had feelings or thoughts of it, as well as adding in young boyhood homosexual experiences and adult males who experienced some same sex contact but on rare occasions. Unfortunately, Kinsey believed it would have been hard to determine the exact number of those groups since Western society had restricted homosexuality as unlawful and immoral, so it would have been difficult to find many of those who would have been truthful about their experiences. Kinsey did not term homosexuality as an illness or pathological, and he criticized the doctors

34 Duberman, Cures, 67.
36 Ibid, 148.
37 Kinsey, Sexual Behavior In the Homosexual Male, 610-660.
38 Ibid, 610.
who had used those terms to define homosexuality, observing that psychologists had “accepted the sort of propaganda, and have come to believe the homosexual males and females are discretely different form persons w merely have homosexual experience, or who react sometimes to homosexual stimuli.”39 Kinsey assumed that to distinguish between heterosexual men and homosexual men as two different types of males was premature in understanding sexual behavior and that they had a lot of similarities in sexual histories and psychic responses.40 Kinsey also believed that homosexuality should not have been seen as “abnormal or unnatural” since it was common among a good portion of the white male population.41 Kinsey did seem to take from what Freud had believed that homosexuality was a natural part of human sexual pattern in that “The homosexual has been a significant part of the human sexual activity ever since the dawn of history, primarily because it is an expression of capacities that are basic in the human animal.”42

The Kinsey Report created backlash from psychiatrists in reaction to its findings. The report received harsh criticism from those in the psychiatric community for claiming that homosexuality was not a pathological illness but was a normal part of human sexual behavior.43 In 1954, two psychiatrists came out announcing that Kinsey’s findings were biased and untrue and could be damaging to those who were suffering from emotional and sexual confusion.44 Drs. Edmund Bergler and William S. Kroger both opposed what Kinsey had claimed about homosexuality in male and female behavior being “normal” and “signs of health.”45 An article from 1954 in the Los Angeles Times stated “And this underrating stems from Kinsey’s ‘ignorance of or disregard for’ psychological facts and from ‘his emotional disbelief in the fact of the unconscious’ mind of all humans.”46 But the Kinsey Report, as it was well-known, affected many people’s minds and outlooks on sexuality in American society. Even those outside the psychological community had begun to look at human sexuality in a different way. Unfortunately, the views of Kinsey and other like-minded individuals such as psychoanalyst Clara Thompson and anthropologists Clellan Ford and Frank Beach would not be recognized

39 Ibid, 616.
40 Ibid, 639.
41 Ibid, 659.
42 Ibid, 660.
43 Ibid, 616.
46 Ibid, 21.
until an article published in 1957 challenged the negative stereotypes that had plagued the homosexual community. 47 Psychologist Evelyn Hooker compared homosexuals with heterosexuals.48 She performed a case study involving 30 homosexuals and 30 heterosexuals, both of which identified themselves as overt with little or no experience of the other.49 Both groups were compared to each other on education and intelligence by two indifferent judges who were unaware of both of the groups’ sexualities. The judges tested the groups on the self-image carried by the individual, their personality, mental health, and social skills; the judges searched for the “signs of homosexuality” with Rorschach tests.50 The results were that both groups had similar levels of intelligence and education based on age and both displayed the same level of mental health, which showed that sexuality did not necessarily have a factor in the mental stability of any human being.51

Hooker concluded that if homosexuality was pathological then it was only limited to the sexuality of the person and not to their mentality or psychological aspects. She stated “But what is difficult to accept (for most clinicians) is that some homosexuals may be very ordinary individuals, indistinguishable, except in sexual pattern, from ordinary individuals who are heterosexual.”52 She believed that further study was needed to disprove that homosexuality was pathological.53 Duberman described what she had done for the gay community: “Indeed, Hooker would ultimately single out stigmatization as itself the prime cause of what pathology did exist in homosexuals.”54

Victory! Or is it…?

With numerous articles and lectures, Hooker was a great force in establishing that homosexuality was not a pathological disease. She even led the National Institute of Mental Health Task Force in 1969 to educate the public on homosexuality. The success of the Task Force and the backing of other respected doctors in the field helped convince the American


50 Ibid, 23.
51 Ibid, 24-25.
52 Ibid, 29.
53 Ibid, 50.
54 Duberman, Cures, 32.
Psychological Association in 1973, much to the dismay of Bieber, to remove homosexuality as a pathological disease from the list of mental disorders.

The lifting of homosexuality from the APA’s list of mental disorders was a great victory for homosexuals, who have felt suppressed by so many years of disapproved from their families and communities. Unfortunately, many still struggled with trying to fit into the dominant heterosexual world and felt the weight of Christian conformity on their shoulders pushing them into marriage and procreation. Since conversion therapy no longer had the support of the APA and most of the psychological community, church institutions began to step in during the 1970s and took over the campaign against homosexuality, which turned into a religious crusade rather than the psychological and social endeavor that Bergler and Bieber had led. Many religious institutions still use some of Freud’s psychoanalytic methods, coupled with Bieber’s emphasis of developing an orderly and “godly” family lifestyle to save people from homosexuality.

The Stonewall Riots in 1969, and the development of the gay liberation movement of the 1970s and beyond, fewer men and women wanted to look for a “cure” and instead have begun to embrace their sexuality. As a result, some churches and other religious institutions began to look toward preteens and teenagers in an attempt to keep the younger generation from being influenced by homosexuality. Since the children were under their parent’s care and authority, many had no choice but to be sent away and put into therapy if the parents found out or even suspected their children were gay. This resulted in devastating consequences with teen runaways, young people being thrown out into the streets, or even teen suicide, which is still a major problem in twenty-first century America.

I never really understood much about this history growing up as a gay teen myself, but I was lucky enough to have a family that accepted me. As a teenager, I discovered these “straight camps” through printed and electronic media coverage and was shocked. “But I’m A Cheerleader” was released in 1999 and instantly became a cult classic in gay cinema. It was important to me because it displayed the struggles that gay teens have to endure to survive, even in today’s world. This movie got me interested in learning about these “camps” that say they can turn gay people straight, and it inspired me to pursue research into the history of conversion therapy.

56 Author’s Note: I am a graduate of UNLV in August of 2013 with a BA in History. I plan on attending the Graduate History program in the near future as well as hopefully work in a state museum doing research and collecting manuscripts on subjects of social and cultural history.