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#### The Adjustment of the Male Overt Homosexual

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Current psychiatric and psychological opinion about the adjustment of the homosexual may be illustrated by a quotation from a report on homosexuality recently issued by the Group for the Advancement of Psychiatry (I, p. 2): 'When such homosexual behavior persists in an adult, it is then a symptom of a severe emotional disorder." If one wishes to subject this opinion to experimental investigation, one is immediately confronted by problems of considerable magnitude. One problem is the attitude and theoretical position of the clinician who may be asked to examine the data. I quote again from the Group for the Advancement of Psychiatry in the

Editorial Note: It is an uncommon event in these days of compulsive publication to discover an author who has worked diligently and with great detail and who hesitates to publish well-substantiated findings until proof is virtually incontrovertible. A study such as Dr. Hooker's challenges several widespread and emotional convictions. In view of the importance of her findings it seemed desirable to the editors that they be made public, even in their preliminary form. If some of Dr. Hooker's comments, as cautiously presented as they are, seem premature or incompletely documented, the blame must fall on the editors who exercised considerable pressure on her to publish now.-BRF same report (1, p. 4): "It is well known that many people, including physicians, react in an exaggerated way to sexual deviations and particularly to homosexuality with disgust, anger, and hostility. Such feelings often arise from the individual's own conflict centering about his unconscious homosexual impulses. These attitudes may interfere with an intelligent and objective handling of the problem." One hopes that the clinician does not react with "disgust, anger, and hostility." It is not realistic to hope that he will avoid theoretical preconceptions when looking at psychological material which he knows was obtained from a homosexual.

From a survey of the literature it seemed highly probable that few clinicians have ever had the opportunity to examine homosexual subjects who neither came for psychological help nor were found in mental hospitals, disciplinary barracks in the Armed Services, or in prison populations. It therefore seemed important, when I set out to investigate the adjustment of the homosexual, to obtain a sample of overt homosexuals who did not come from these sources; that is, who had a chance of being individuals who, on the surface at least, seemed to have an average adjustment, provided that (for the purpose of the investigation) homosexuality is not considered to be a symptom of maladjustment. It also seemed important to obtain a comparable control group of heterosexuals. This group would not only provide a standard of comparison but might also make it possible to avoid labels and thus assist the clinician in suspending theoretical preconceptions. This, I recognized, would be fraught with extreme difficulties. And so it was. Without re-

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<sup>&</sup>lt;sup>3</sup> I wish to acknowledge the invaluable assistance given by Dr. J. A. Gengerelli in acting as consultant on experimental design and statistical methodology. I wish also to gratefully acknowledge the contribution made to the project by Dr. Frederic G. Worden in his capacity of psychiatric consultant. Finally, there is no adequate way to express my gratitude to Dr. Karl Muenzinger for his assistance in thinking through the total project with me in its many phases.

lating in detail the — in many ways — fascinating, frustrating, and gratifying aspects of the attempts to secure both of these groups, I shall describe the homosexual and heterosexual samples of thirty individuals each finally obtained.

Each homosexual man is matched for age, education, and IQ with a heterosexual man. It would have been desirable to match for other variables, also, including occupation, but this was manifestly impossible. It should also be stated at the outset that no assumptions are made about the random selection of either group. No one knows what a random sample of the homosexual population would be like; and even if one knew, it would be extremely difficult, if not impossible, to obtain one. The project would not have been possible without the invaluable assistance of the Mattachine Society, an organization which has as its stated purpose the development of a homosexual ethic in order to better integrate the homosexual into society. The members of the Mattachine Society not only made themselves available as subjects but also persuaded their friends to become subjects. Because the heterosexuals were, for the most part, obtained from community organizations which must remain anonymous, I cannot describe further the way in which they were obtained.

Considerable effort was devoted to securing the 30 matched pairs of subjects, and the data in Table I indicate that in most instances the matching was unusually close.

The homosexuals, and thus the heterosexuals, ranged in age from 25 to 50, with an average age of 34.5 for the homosexual group and 36.6 for the heterosexual group. The IQ range, as measured by the Otis Self-Adminis-

TABLE I

	Homosexual			Heterosexual		
Matched Pairs	Age	IQ	Education	Age	IQ	Education
Number		•			•	
1	42	105	12	41	105	12
2	29	104	12	28	104	12
3	29	109	9	31	109	12
4	31	120	16	30	123	16
5	44	127	18	45	126	iř
6	33	127	16	32	129	16
7	40	124	16	42	123	16
8	33	124	16	36	122	16
9	40	98	12	42	100	12
10	33	101	14	32	105	15
11	30	127	14	29	127	16
12	42	91	12	39	94	14
13	44	98	9	44	100	12
14	36	114	16	36	117	16
15	33	120	14	34	120	16
16	40	106	12	44	107	12
17	37	116	12	34	113	14
18	36	127	<u>16</u>	36	127	16
19	35	103	12	37	101	11
20	26	133	18	$\frac{37}{27}$	133	18
21	33	124	13	36	122	16
22	32	123	12	. 39	120	12
23	26	123	16	29	133	16
24	26	123	16	29	133	16
25	41	135	16	39	119	16
26	28	114	16	35 35	119	13
27	27	118	13	48	112	13
28	$\tilde{27}$	110	14	48		
29	57	95	14	46	113 100	16
30	26	124	14	40 30		12
JU	40	144	14	30	129	12

tering Tests of Mental Ability, was from 90 to 135, with an average for the homosexual group of 115.4 and for the heterosexual group of 116.2. In education the range was from completion of grammar school to the equivalent of a master's degree, with an average for the homosexual group of 13.9 years and for the heterosexual group of 14.3.

In both groups subjects were eliminated who were in therapy at the time. If, in the preliminary screening, evidence of considerable disturbance appeared, the individual was eliminated (5 heterosexuals; 5 homosexuals). I attempted to secure homosexuals who would be pure for homosexuality; that is, without heterosexual experience. With three exceptions this is so. These three subjects had not had more than three heterosexual experiences, and they identified themselves as homosexual in their patterns of desire and behavior. The heterosexual group is exclusively heterosexual beyond the adolescent period, with three exceptions; these three had had a single homosexual experience each. In the effort to control the presence of homosexuality, latent or otherwise, in the heterosexual group, each potential subject was referred by a responsible leader of a community group, who described him as being a thorough-going heterosexual and well adjusted. This was an attempt to take precautions to eliminate as many men as possible with homosexual patterns of behavior. It did not do so, and some individuals came who had to be eliminated because, though married and functioning in the community as married men, they had had extensive homosexual experience (four subjects).

The heterosexual subjects came because they were told that this was an opportunity to contribute to our understanding of the way in which the average individual in the community functions, since we had little data on normal men. They were told nothing

beforehand about the homosexual aspects of the project. When an individual came to me, after describing to him the nature of the testing and the interview and securing his willingness to participate in the project, I then described very briefly the purpose of the study, including the homosexual group. It was impossible to avoid this explanation. The community leaders who referred these men were concerned about possible repercussions of a "sex study". They required that each man be informed that the total project involved a comparison of homosexual and heterosexual men. I had, therefore, to risk the effect of this information upon my subjects. So, having very briefly described the project to him, I then asked whether he had had any homosexual inclinations or experience. This question was put in a matter-offact way and only after a good relationship of cooperation had been established. If the individual seemed to be severely disturbed by the question, or responded in a bland way, or denied it vehemently. I did not include him in the sample of 30. It is possible, though I doubt it, that there are some heterosexuals in my group who have latent or concealed strong overt homosexuality.

The materials used for the comparative study of personality structure and adjustment of these two groups of men consisted of a battery of projective techniques, attitude scales, and intensive life history interviews. The material I am reporting on here is largely from an analysis of the Rorschach, TAT, and MAPS, with some references to life histories, the detailed analysis of which has not yet been completed.

I used the Rorschach because many clinicians believe it to be the best method of assessing total personality structure and, also, because it is one of the test instruments currently used for the diagnosis of homosexuality. The 60 Rorschach protocols were

scored by me, the usual tabulations made, and the profiles constructed. With all identifying information except age eliminated, they were then arranged in random order. Two clinicians, who are also experts in Rorschach, analyzed each of the 60 protocols separately in this order. Because of the importance of knowing how, by what process, using what evidence in the Rorschach, a judge arrived at his rating or judgment in each of the categories, each judge was urged to describe as much as he could of the procedure he was using, the conclusions arrived at, and the evidence used; and the whole process was recorded by Audograph. Let it be said here that the task which the judges were asked to perform, that of analyzing 60 records in succession and of verbalizing the whole process, was a monumental one. It demanded not only a devotion to science "beyond the call of duty" but also an admirable willingness to expose one's fallibility. My success in persuading Dr. Klopfer and Dr. Mortimer Meyer, for the Rorschach, and Dr. Shneidman, for the TAT and MAPS, to give so generously of themselves in this project was primarily due to their belief in its importance and to their eagerness to see a unique body of material and to engage in what they anticipated to be a rewarding learning experience.

The purpose of the Rorschach analysis was two-fold: (1) to obtain an unbiased judgment (that is, without knowledge of homosexual or heterosexual identification of subjects and without life-history materials) of personality structure and overall adjustment of the subjects in both groups; (2) to determine the accuracy with which expert clinicians who are Rorworkers can differentiate homosexual from heterosexual records. Each judge was asked, in addition to the overall adjustment rating, to analyze the Rorschach protocol in terms of a number of categories, such as methods of handling aggression, affection and dependency needs, methods of impulse control, and clinical label, if any. These judgment categories were used because of their theoretical importance in current approaches to homosexuality. The adjustment rating was on a five-point scale: from 1, superior, to 5, maladjusted; with 3 representing average adjustment. The norm which the judges used was, of course, a subjective one, of average adjustment in the population at large, not just in this group. Assigning an adjustment rating to a Rorschach protocol is difficult, as all of us know. The meanings of the five points of the rating scale were defined as follows: (1) superior, or top adjustment; better than the average person in the total population; evidence of superior integration of capacities, both intellectual and emotional; ease and comfort in relation to the self and in functioning effectively in relation to the social environment; (3) as well-adjusted as the average person in the total population; nothing conspicuously good or bad; (5) bottom limit of normal group and/or maladjusted, with signs of pathology. Ratings 2 and 4 are self-evident, 2 being better-than-average but not quite superior, and 4 being worse-than-average, or the bottom limit of the average group. These ratings are very difficult to objectify, and it is very difficult to be sure that they were used in the same way by the two judges.

One further comment about procedure, before discussing the results of the judging on adjustment: each judge, before he began, knew that some records were homosexual and some were heterosexual. Most clinicians in the Los Angeles area are familiar with the project, and it would have been impossible to secure experts without some knowledge of it. The judge was told that the opportunity to distinguish homosexual from heterosexual records would

Table II—Ratings on Overall Adjustment—Rorsc
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	Ratings				
	(Top)		Ŭ		(Bottom)
Group	1	2	3	4	5
Judge "A" Homosexual	9	9	4	3	5
Heterosexual	6	12	5	3	4
Total	15	21	9	6	9
Judge "B" Homosexual	2	15	5	4	4
Heterosexual	2	8	9	8	3
Total	4	23	14	12	7

come later and that the present task was that of telling me as much as he could about what he thought the subject to be like in personality structure and adjustment. If anything impressed him about the pattern of sexual adjustment, he should say it, but this was not the primary purpose of this stage of the analysis. The task of the judges was broken down into two steps: (1) The protocols were analyzed, with overall adjustment ratings given and summary judgments made, in the categories already described; and (2) each judge was then presented with 30 pairs of protocols, matched for age, education, and IQ, the task being to distinguish the homosexual record in each pair.

The results of the judging of adjustment from the Rorschach protocols are presented in Table II.

It will be noted that there are no significant differences between the number of homosexuals and heterosexuals having a rating of 3 and better for each judge; two-thirds of each group are assigned an adjustment rating of 3 or better. There are apparent differences between judges. For Judge "B" there is a greater unwillingness to assign a top rating. In fact, for Judge "B", there is a slight but insignificant trend in the direction of

superior adjustment for the homosexual group. By the method of "grand medians", chi square for Judge "A" is zero for the differences in adjustment between heterosexuals and homosexuals and for Judge "B" the difference is 2.31, which is insignificant.

The immediate question is the degree of agreement between the two judges. Although a Tschuprow coefficient between the ratings of Judge "A" and Judge "B" is only 0.33, it is important to point out that the situation is not as bad as this low coefficient would seem to indicate.

Table III shows that the two judges agreed exactly in 19 of the 60 cases, 8 being homosexual and 11 heterosexual. In 23 cases they disagreed by one rating step, 12 of these being homosexual and 11 heterosexual. This means that in 42 out of the 60 cases there was either exact agreement or disagreement by only one step. it is safe to say that in two-thirds of the total distribution there is high agreement. An additional fact that may be pointed out is that 14, or approximately one-half, of the homosexuals were placed either in Adjustment Rating 1 or 2 by both judges.

How is one to interpret this finding? Is one to take it at face value and

TABLE III

	Number of Subjects			
Differences	Total	Homosexual	Heterosexual	
0 (exact agreement)	19 23 14	8 12 7	11 11 7	
3 rating steps	$\frac{4}{60}$	$\frac{3}{30}$	$\frac{1}{30}$	

assume that the Rorschach is a valid instrument for determining adjustment in the way in which we have defined it? If so, then clearly there is no inherent connection between pathology and homosexuality. But caution is needed. As clinicians, we are well aware, in daily practice, of the limitations of projective material analyzed "blind". Nevertheless, the quantitative results are striking, and they are confirmed in part by observations of the judges, as well as — and I say this with great caution — by life-history data.

But let us look at the results in the second task given the judges, that of distinguishing between matched pairs of homosexual and heterosexual records. This is a much easier task than that which the clinician ordinarily faces, of identifying homosexuality in one record out of many; and yet it proved to be a very difficult one. As a judge compared the matched protocols, he would frequently comment, "There are no clues;" or, "These are so similar that you are out to skin us alive;" or, "It is a forced choice;" or, "I just have to guess." The difficulty of the task was reflected not only in the comments of the judges but also in the results. Judge "A" correctly identified 17 of the 30 pairs, and Judge "B" 18 of the 30. Thus neither judge was able to do better than chance. In seven pairs both judges were incorrect, that is, identifying the homosexual as the heterosexual, and vice versa; in twelve pairs, correct; and in the remaining eleven they disagreed.

Let us look at the problems the judges faced. In some pairs of records none of the clues usually considered to be signs of homosexuality occurred. In some pairs the "homosexual clues" appeared in both records. These "homosexual clues" were primarily anality, open or disguised; avoidance of areas usually designated as vaginal areas; articles of feminine clothing, especially under-clothing, and/or art

objects elaborated with unusual detail; responses giving evidence of considerable sexual confusion, with castration anxiety, and/or hostile or fearful attitudes toward women; evidence of feminine cultural identification. and/or emotional involvement between males. When these clues appeared in neither or in both records, the judge was forced to look for other evidence, and most frequently depended upon peculiar verbalization, or responses with idiosyncratic meaning, or the "flavor" of the total record. When careful examination failed to reveal anything distinctive, the judge assumed that the more banal or typical record was that of the heterosexual, an assumption which was sometimes false.

After the judging was completed, and, indeed, even while it was in process, both judges commented on the fact that the records which they thought to be homosexual were unlike the ones they were familiar with in the clinic. They were not the disturbed records ordinarily seen. One judge, in the process of choosing, said, "It begins to look as if the homosexuals have all the good things: for example, M's and Fc." It may be pertinent to reiterate that I had made an effort to secure records of homosexuals who ordinarily would not be seen in a clinic. A discussion of the validity and reliability of homosexual signs is tangential to this symposium<sup>4</sup>, but I would point out in passing that my data indicate the need for a thorough-going reconsideration of this problem. At a minimum, healthy skepticism about many (but not all) so-called homosexual-content signs in the Rorschach is, I think, called for. The inability of the judges to dis-tinguish the homosexual from the heterosexual records better than

<sup>&</sup>lt;sup>4</sup> A paper on "Homosexuality in the Rorschach" is in process of preparation. It will contain a full discussion of homosexual signs, as well as other aspects of homosexuality in the Rorschach.

would be expected by chance fits. I think, the finding on adjustment of the two groups. Some of the records can be easily distinguished; the fact that the judges agreed in their identification of twelve pairs indicates this. These were records of individuals with strong emphasis on "femininity" and/or anality. But apart from these, which constitute about a third of the group, the remaining two-thirds cannot be easily distinguished. If the homosexual records had been similar to those frequently seen in the clinic, that is, severely disturbed, there might have been greater probability that they could have been correctly identified, although this cannot be said with certainty. I have now seen about two hundred homosexual records and would be skeptical about my ability to identify correctly records similar to many in this group.

Although it is not pertinent to this symposium<sup>5</sup> to present in detail the findings of the statistical comparisons of the two groups of Rorschach protocols, it is relevant to point out in summary form that most of these comparisons have failed to produce differences of sufficient magnitude to satisfy tests of significance. Several examples will suffice to make the point. Although most studies of homosexual protocols indicate greater productivity on the Rorschach, the difference between the two groups in the present study does not reach significance, though there is a trend in this direction (t=1.389, df= 29, p= > .10). A detailed comparison of total M's and human figures was made. Of some 25 computations, of differences between means of M\% in various categories (such as flexor or extensor), differences in form level, variation in form level, etc., the only ones which approached low significance were the sigma of form level (t=1.98, df=29, p=>.05), and O-minus percent (t= 2.262, df=29, p=< 02).

Cronbach's warning about inflation

of probabilities deters me from drawing too many conclusions from these two findings, although there is good theoretical rationale for them. The details of the analysis will be discussed more appropriately in a later paper. I cite these general findings at this time in order to show that despite considerable effort and the pursuing of many alluring possibilities, the efforts thus far to establish clear-cut differences between the two groups as a whole have been relatively fruitless. This, too, is consistent with the lack of significant differences between the adjustments of the two groups.

In addition to the overall adjustment ratings, each judge gave summary statements about each subject in a number of categories, including methods of handling aggression, affectional and dependency needs, and form of impulse control. When these statements were tabulated and subjected to statistical analysis, again no clear-cut differences emerged. For example, the statements about affectional and dependency needs have been tabulated in eleven categories, such as repressed or absent, ego-alien, integrates well, controlled by (that is, a dependent character). Four homosexuals were described as having affectional and dependency needs repressed or absent, while three heterosexuals were similarly described. Six homosexuals and six heterosexuals were described as integrating well these needs. It was said of one homosexual and one heterosexual that affectional and dependency needs were ego-alien. Chi square for differences between the number of heterosexuals and homosexuals assigned to all categories is 5.736, df=10, insignificant.

Let us turn now to the TAT and MAPS. These were administered as a single test, the selected MAPS items following the TAT. Altogether, 12 pictures were used: 3BM, 6BM, 7BM, 12M, 13MF, 16, and 18GF of the

<sup>&</sup>lt;sup>5</sup> See Footnote 4.

<sup>&</sup>lt;sup>6</sup> The complete data will be reported in the future publication previously referred to.

TABLE IV-Adjustment Ratings on MAPS-TAT

	Ratings				
	(Top)		J		(Bottom)
Group	1	2	3	4	5
Homosexual	0	9	15	6	0
Heterosexual	0	7	19	3	1
Total	_0_	16	34	9	1

TAT; and from the MAPS, the Living Room, the Street Scene, the Bathroom, the Bedroom, and the Dream. It was hoped that the TAT and MAPS would be helpful in revealing current conflicts. The MAPS was used in addition to the TAT because of the opportunity it gives the subject for the selection of figures together with backgrounds with different situational pulls of particular importance in this study. Very fortunately, Dr. Shneidman agreed to analyze the MAPS and TAT protocols of the 60 subjects, using the same categories for analysis and overall adjustment as did the Rorschach judges. The service he performed, in terms of sheer energy alone, may be suggested by the fact that he began the task on week-ends in February, when the first fruit trees in our California garden were in bloom, and barely escaped before fruit appeared in July. The problem of identifying the homosexual protocol from this material was essentially a much easier one than that encountered with the Rorschach, since few homosexuals failed to give open homosexual stories on at least one picture. The second task given the Rorschach judges, of distinguishing the homosexual from the heterosexual records when they were presented in matched pairs, was therefore omitted. In every other respect, however, both with respect to task and procedure and including the recording, the TAT-MAPS judge proceeded as had the Rorschach judges. In the first 30 records the TAT and MAPS protocols for each man were analyzed together, with judgments given about overall adjustment rating and the other categories, such as methods of handling aggression, etc. In the second 30 records, the TAT protocols were analyzed in succession, with judgments given, and then the MAPS—the judge not knowing which MAPS protocol corresponded with which TAT. This was done in an effort to prevent a "halo" effect, since homosexuality was openly revealed in some TAT records and not in the MAPS (for the same man), and vice versa. Some very interesting results were obtained, to which I shall refer later.

Table III shows the data on the adjustment ratings. The results are essentially the same as for the Rorschach. The homosexuals and heterosexuals do not differ significantly in their ratings: Chi square = 2.72, df =4, p =>.70. This judge does not place a single subject in Rating 1, and he places only one in Rating 5 (a heterosexual). Determining the degree of agreement between the ratings on the Rorschach and TAT-MAPS constitutes a difficult problem, since two variables are involved: the judges and the test materials. A Tschuprow coefficient between either Rorschach judge and the TAT-MAPS judge is 0.20. Perhaps a more meaningful way of looking at the material is that between one Rorschach judge (Judge "A") and the TAT-MAPS judge there is exact agreement in 15 of the 60 cases (8 homosexual and 7 heterosexual); for Judge "B" there is agreement in 16 cases. When the ratings of all three judges are put together, there is agreement on 14 homosexuals (approximately one-half of the group) as being 3 or better in adjustment, and 14 heterosexuals.<sup>7</sup>

<sup>&</sup>lt;sup>7</sup> A paper on "Homosexuality in the TAT and MAPS," which will contain the full report, is in process of preparation.

Let me turn now to some qualitative descriptions of the homosexuals from the projective material. Perhaps even better than do the quantitative results, these will convey the problem. Man #16 is described by one judge in summary fashion as "an individual who has the most superb and smooth mastery of intellectual processes we have seen. Intellectualization is his major defense, although there is no compulsive flavor. On one side there is isolation of aggression. But essentially he is submissive, and since he is so sensitive and responsive, he cannot give in to the submissive seduction. His dependency needs are filtered and sublimated. He is the ethical type. Intellectual introspection must be his major preoccupation. He is really balanced on a razor's edge. An extremely clever person." He was correctly identified by this judge, who gave him a rating of 1, and incorrectly by the other judge, who placed him in Rating 2. The latter describes him in the following terms: "He gives an original twist to ordinary things. For him it is very important not to be conventional. He avoids it like the plague. He tries to keep it cool. I get the feeling that he wants to deny dependency. He has passive longings, but these would not fit in with his ego-ideal of being strong, superior, and wise. He would be able to be very rewarding emotionally. He does not wish to expose his aggression ordinarily, but would in relation to manly intellectual pursuits. I think he is heterosex-

This man is described on the MAPS and TAT as being "the most heterosexual-looking homosexual I have ever seen. Up to the last two stories on the MAPS, I would say confidently, "This is a heterosexual record.' His attitudes to sexuality are fairly moral. He has refined, quiet relationships to people. I would give him a rating of 2. The unconscious conflicts are very deep, but they are not disturbing clinically. No idea of clinical label. I would not have known he

is a homosexual except for a 'give away' on two of the MAPS stories."

This man is in his early 40's and holds two master's degrees in different artistic fields from one of the major educational institutions of this country. He had a long career as a college teacher-long, and apparently successful. He was caught in what was, to the police, suspicious circumstances with another man, and in the space of a few minutes his entire professional career was destroyed. He now is the manager of a magazine. Although in his early life he passed through the "cruising" stage, he now has highly stable personal relationships, including a "homosexual marriage." If one brackets the fact that he is a homosexual, one would think of him as being a highly cultured, intelligent man who, though unconventional in his manner of living, exhibits no particular signs of pathology. He has never sought psychological or psychiatric help. He has been a homosexual from adolescence, with no heterosexual experience or inclination.

Let me describe another (Subject #50) of these individuals who was placed in adjustment categories 1 or 2 by both Rorschach judges and misidentified as being a heterosexual. One judge described this man "as being so ordinary that it's hard to say anything specific about him. His impulse control is very smooth. He uses channelization rather than repression. Except for a little too much emphasis on conquest in heterosexual relations, he is well adjusted and smooth. His aggressive impulses are expressed in phallic gratification. Good fusion of tenderness and aggression, though he subjugates tenderness to phallic gratification. He must be a heterosexual. I would really have to force myself, to think of him as not heterosexual." By the second judge this man is described in the following terms: "He must be a very interesting guy. He must convey comfort to people. He takes essentials and doesn't get lost in details. A solid citizen, neatly and solidly in-

tegrated, with no specific defenses. Neither aggression nor dependency is a problem. I think that this man is heterosexual."

Man #50 is twenty-seven. He works in the electronics industry, in a very large firm in which he has a supervisory job. He lives alone in an apartment, though in an apartment house in which other homosexuals reside. His homosexual pattern involves rather a large number of homosexual partners. He is thoroughly immersed in the homosexual way of life, but apart from this I see no particular evidence of disturbance.

The TAT was analyzed first, and on the TAT he talks about homosexuality, thus revealing that he is a homosexual. The judgments to which the clinician comes are essentially that he is a promiscuous, driven person; that there are compulsive elements; that he goes from one relationship to another, not even aware of what he is seeking, a fairly lonely man, although with an adjustment slightly below 3. The first four stories of the MAPS were described by the judge as being definitely heterosexual. On the last story, the Dream, I should like to quote the judge directly: "I am surprised, because what this means is that this is the record of a homosexual: and it means that I had not seen this at all up to this point. It means, also, that he doesn't show it except over the jealousy and rivalry of homosexual partners. The record is clean psychiatrically up to this point. It wasn't especially rich, but it would certainly pass. I don't want to do fancy equivocation and say I see it all now, because I don't see a damn thing now. The Living Room is fine; it is as heterosexual as any story we have read in the entire series. The Street Scene simply shows the derogatory and disdainful attitudes that many heterosexual men have toward female sexuality. It is not the exclusive approach of the homosexual, though it is consistent with it. It has a heterosexual flavor. In the Bath, the privacy of the father is interrupted, but this, if anything, would be heterosexual. The Bedroom is as normal a heterosexual story as I have ever read." The judge re-reads the story: "This is almost an encapsulated homosexual. I don't know if I am just being fancy, but we talk about a guy sometimes who functions fairly well until you mention 'Republican' or 'Communist', then you plug in a whole series of paranoid and delusory material; at this point the guy is just crazy. This guy has an encapsulated homosexual system. If I had not been shown the Dream story, I would have bet 85 to 15 that he was heterosexual, and maybe even more. I also feel that this guy is a male homosexual. He plays the aggressive, masculine role. But I am puzzled. I can hardly speak intelligently of the dynamics of the homosexuality when, until the last moment, I thought of him as heterosexual. I would give him a rating of slightly better than 3. Not a rich record; not creative and imaginative. It's a rather perfunctorily heterosexual record. I am amazed at this record. He has intense involvement with people. He is not a promiscuous homosexual. There is strong affect. He practically acts like a husband and father. One of the statements about him is that he is a normal homosexual. I mean it's like a guy who has a tic: ordinarily we say he must have a very serious problem. Maybe he does, but if you examine the material of lots of people who have tics, you will find some people who look pretty good, if you think of normal functioning. Then, after you have said this, someone tells you, 'Yes, but he is one of the guys who tics.' And you say, 'Well, he looks clean to me.' And that is what this record looks like. This record is schizophrenic like I am an aviator. If you want proof that a homosexual can be normal, this record does it."

Man #49 is described by Judge "A" as follows (Rating 1): "This record presents less problems of any sort than any other we have seen. The mental

type is very clear-cut, calling a spade a spade. Looks like a well-integrated person. Impulse control really smooth, because he permits all impulses to express themselves in a context - both dependent and aggressive. Of all the cases, the best balance of aggression and dependency we have seen. No problem, clinical or otherwise. Relations with others skilful and comfortable." Judge "B" (Rating 2; if not 2, a 1): "Able to integrate well with all stimuli. Effective functioning. Heterosexual adjustment. Defense used: some repression. Not an 'acter outer.' Avoids intense emotional stimuli because they are disorganizing to him."

The TAT and MAPS were analyzed separately. In the first four stories of the TAT, the subject was described as being a thorough-going heterosexual. In 13MF the judge comments, "Here we have a fairly straightforward heterosexual story." In the blank card in the TAT, the judge says, "Here this guy opens up more than on the others. He is a sleeper. This is one of the best-adjusted and, in a sense, one of the most paradoxical records I have seen. What is here is indecision and a schizoid feeling. So this is not in any sense a superior personality. There is some withdrawal and some aridity. This is not an outgoing, warm, decisive person. It is a constricted, somewhat egocentric, somewhat schizoid, perturbed, a little guilty fellow. Even so, it is not a tormented record and is not necessarily a homosexual record. He talks about this quite casually and has a fairly good adjustment to his homosexuality. This guy is a very interesting person and quite a complicated guy. In many ways he is both well adjusted to his homosexuality and the kind of guy who could almost be heterosexual in a way that other homosexuals could not be. I don't think he would be swishy or over-masculine. He would pass. I find him very difficult to rate. Í can't rate him as 1 or 2. To call him average is innocuous. He doesn't merit 5 or 4. I don't know. I will call him

3, but it doesn't give the flavor. I don't know what to do."

At another time the same judge analyzed the MAPS protocol, in which no homosexual stories are given. The judge comments: "I want to comment on his insistence on the normal situation and his freedom to use the nude. I think this is a very healthy guy, in a somewhat barren way. I have a feeling that this is a kind of emancipated person who has not made an issue of being independent but is able to stand on his own two feet. The fact that he doesn't have rich dynamics robs him of being interesting, creative, and unusual. I rate him as a 2 for sure. I don't know what a I would be. He handles hostility and sexuality easily. One shortcoming in the record—not pathological—is the conventionality; and I imply by that a touch of emptiness. He is able to love and to dislike. He is a good father and husband and would be a steady employee. I could see him as having a better-than-average job. He would not be a creative or imaginative person. I don't mean a Babbitt, but he would not take the risk of loving deeply. He is a middleof-the-roader. This is as clean a record as I think I have seen. I don't think he has strong dependency needs. He is comfortable, and in that sense he is strong. I imply that this is a heterosexual record specifically."

This man is 37, and he works in a ceramics factory doing fairly routine work. He has a "homosexual marriage" of some six years' duration. He tried very hard to change his sexual pattern but was unsuccessful and has now accepted the homosexual "life." He has not had heterosexual experience.

Out of the 30 homosexual men, there were seven who were placed by one or the other judge in rating categories 4 or 5. Since these individuals have what is probably the more expected personality picture, I should like to describe several. One of these is #6. He was rated by one judge at a 5 level and by the other judge at 2.

By the judge who places him at 5, he is described as a "pseudo-normal, near-psychotic, with brittle personality organization which is fairly stabilized. His reality testing is uncannily sharp, but he is almost autistic. His chief defenses are projection and intellectual control. There are strong castration fears, strong orality, and the aggression is projected or transformed into irony. The emotional needs are withered away."

Man  $\pm 52$  is described by one judge who places him in the 4 category, as "a personality which is basically pathological. An anal character, with a strongly destructive flavor. Anal-sadistic. A past-master of intellectualization, though superficially socializes it. Just enough reality testing to be clinically normal. Impossible to separate the hysterical and paranoid elements. Dependency needs are repressed or crippled. Very narcissistic and incapable of guilt. A cloak of righteousness over it all." The second judge describes him in the following terms: "There is too much unconscious breaking through. Some ideational leakage. A chronic situation to which he has made an adjustment. He is not paranoid, but obsessive in a paranoid structure. On the surface he operates smoothly. Emotional relationships will lack in depth and warmth. Uses overideation as a defense. His primary method is intellectualization. His dependency needs will make him appear demanding. Essentially a character picture."

Of a somewhat different nature is #28, who is placed by both judges at the bottom level of adjustment. Described by one judge as "very defensive; every impulse ego-alien. Uses denial, intellectualization, and repression. High level of narcissism. Regresses easily into the infantile. The most unbalanced record one could find." By the other judge: "This looks like a clinic record. An anxiety state, pre-psychotic. Is more scared of his own fantasies than the world. People present too many problems; he tries

to preserve distant relations. Doesn't want to see sex in people. Sex is very repulsive."

Thus, there is no single pattern of homosexual adjustment. This had been anticipated. The richness and variety of ways in which the homosexual adjusts are as difficult to summarize as to summarize 30 full, qualitative pictures of 30 individuals. If I were to read pictures of heterosexuals with the same level of adjustment, the pictures would be essentially the same, with the exception of the bottom range, where one does not find the marked anal-destructive characterstructure or the emphasis on "femininity" (which may occur at other levels, also).

That homosexuality is determined by a multiplicity of factors would not now, I think, be seriously questioned. That the personality structure and adjustment may also vary within a wide range now seems quite clear. It comes as no surprise that some homosexuals are severely disturbed, and, indeed, so much so that the hypothesis might be entertained that the homosexuality is the defense against open psychosis. 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. Or-and 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 pathology (unless one insists that homosexuality itself is a sign of pathology) but also functioning at a superior level.

But before we accept this hypothesis as a plausible one, we must look carefully at the limitations of the evidence. We have already spoken of the necessity of caution in accepting as valid the results of "blind" analyses of projective test protocols. As clinicians, we are also cautious about accepting an analysis which is not "blind." It may be that the primary psychological defect, if there is one, in

the homosexual lies in a weakness of ego-function and control and that this cannot be adequately diagnosed from projective test protocols. As one psychiatrist puts it, the material produced in the Rorschach is like that produced on the analytic couch. Two men may produce very similar material on the couch, but the difference between them is that one-the normal -gets up at the end of the hour and resumes his normal functioning, while the other does not. Another way of looking at the data from the projective tests may be that the homosexual "pathology" occurs only in an erotic situation and that the homosexual can function well in non-erotic situations such as the Rorschach, TAT, and MAPS. Thus, one could defend the hypothesis that homosexuality symptomatic of pathology, but that the pathology is confined to one sector of behavior, namely, the sexual.

As I listened to each of the three judges analyze the 60 records, I was very much impressed with the usefulness of the projective tests, when interpreted by expert clinicians. Often, the picture of the personality which emerged bore such a striking resemblance to the man as I knew him from many hours of interviewing and testing that it was difficult to believe that the judge did not have detailed personal knowledge as well. Of course there was great discrepancy in some cases. The full report of the material will contain all of the evidence of the congruency or lack of congruency between the life-history materials and the projective analysis.

When I speak of the life-history materials, I am highly conscious of the fact that these have not been objectively rated for adjustment. This presents a problem for the future similar to that of the TAT and MAPS, only more so because of the difficulty of controlling for theoretical bias in judging open homosexual material. Final conclusions cannot be drawn until this is done. It can now be said with some certainty, however, that at

least in one respect the life-history data from the two groups will differ: namely, in the love relationships. Comparisons between the number and duration of love relationships, cruising patterns, and degree of satisfaction with sexual pattern and the love-partner will certainly show clear-cut differences.

A question also arises about the size of the sample used. It is possible that much larger samples-for example, 100 in each group-would show differences. But would we not, in this case, be dealing with a different question, namely, "How many homosexuals, as compared with heterosexuals, are average or better in adjustment, and how many are worse than average?" It seems to me that for the present investigation the question is whether homosexuality is necessarily a symptom of pathology. All we need is a single case in which the answer is negative.

What are the psychological implications of the hypothesis that homosexuality is not necessarily a symptom of pathology? I would very tentatively suggest the following:

- 1. Homosexuality as a clinical entity does not exist. Its forms are as varied as are those of heterosexuality.
- 2. Homosexuality may be a deviation in sexual pattern which is within the normal range, psychologically. This has been suggested, on a biological level, by Ford and Beach (2).
- 3. The role of particular forms of sexual desire and expression in personality structure and development may be less important than has frequently been assumed. Even if one assumes that homosexuality represents a severe form of maladjustment to society in the sexual sector of behavior, this does not necessarily mean that the homosexual must be severely maladjusted in other sectors of his behavior. Or, if one assumes that homosexuality is

a form of severe maladjustment internally, it may be that the disturbance is limited to the sexual sector alone.

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