EARLY RECOLLECTIONS OF MALE HOMOSEXUALS

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According to Adler, early recollections (ERs) reflect important characteristics of a person’s life style. The purpose of this paper is to test this with male homosexuals. We shall report the ERs of five homosexual patients who were seen in therapy by the principal author, examine what their ERs have in common, and attempt to relate this to theory and research on homosexuality.

Theoretical Position

Adler proposed five factors common in sexual perversion including homosexuality: (a) increased psychological distance from the opposite sex; (b) some degree of revolt against the normal sexual role, which is at the same time an unconscious device to enhance a lowered self-esteem; (c) compensatory tendencies to alleviate feelings of inferiority with respect to the opposite sex; (d) tendency to depreciate the normally-to-be-expected partner; (e) excessive sensitivity, personal ambition, and defiance, with a disinclination to “join in the game,” and altogether “a strong limitation of social interest” (2, p. 424).

While the last four factors, although referring here to sex role and the sex partner, pertain otherwise to neuroses in general, the first factor is specific to sexual perversion. It also refers to a horizontal movement—increasing the distance from the opposite sex—while the other factors refer to vertical movements.

1Adapted from paper presented at the 20th annual meeting, American Society of Adlerian Psychology, Houston, Texas, May 26-28, 1972.

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3It is noteworthy that one of Adler’s earliest statements about ERs was in connection with homosexuality. He wrote in 1917: “The full-fledged homosexual always appeals to his whole historically developed individuality. All his childhood recollections seem to him to justify his point of view. This uniformity in development has suggested to various authors the false thesis of an ‘innate homosexuality.’ But as Schrecker and I have pointed out, childhood recollections tend to falsify the past in accordance with the life plan. This understanding has completely eliminated a main piece of evidence for ‘innate homosexuality’ from the discussion” (1, pp. 273-274, transl. modified from the German original). Paul Schrecker was a young co-worker of Adler who wrote the first paper on the significance of early recollections, an original translation of which will be published in the next issue of this Journal.—Ed. note.
Kurt Adler, writing on the life style of the homosexual states: “What is specific about the homosexual symptom, aside from a prolonged uncertainty as to gender identity in childhood, is fear of the opposite sex, or fear of inadequacy in one’s proper sex role, or both” (3, p. 77).

Various other authors are in essential agreement with the Adlerian position. According to Judd Marmor, a prerequisite for male homosexuality is “impaired gender-identity” and “a fear of intimate contact with members of the opposite sex,” as well as opportunity for homosexual behavior (16, p. 5). This is also the position of Sandor Rado, according to whom the most prominent factor leading to homosexuality is “hidden but incapacitating fears of the opposite sex” (20, p. 187). To these is to be added H. S. Sullivan who envisioned in homosexuals a “barrier” prohibiting intimacy with persons of the other sex, resulting from real experiences (23, p. 277).

In summary, these theorists agree in recognizing as basic to the development of homosexuality a barrier to, a fear of, or a distancing from the opposite sex. The last, the Adlerian formulation, is the most overt, most behavioral, least encumbered with assumed intrapsychic processes.

**Research Findings**

Research studies into the personality of the parents, family relationships, and child rearing practices, do not, of course, all agree, but a pattern is evident which corroborates the theoretical position just presented.

As an example, Ullman (24) administered a questionnaire to 325 inmates at a California prison hospital with a record of sexual deviancy and to 311 control inmates. Homosexuals were found to have had different child rearing experiences than inmates with other sexual deviances and than the controls. The homosexuals reported about their fathers: less attention, love, friendliness, affection, praise, and play. They stated significantly more often about their mothers: too much affection, criticism, unreasonable anger, success expectation, scolding, and physical punishment. Such a mother points, according to the author, toward a fear of women.

Bieber et al. (8), from most extensive data on 106 male homosexuals undergoing psychoanalysis in New York City, concluded that any son exposed to the following would be likely to develop homosexual problems: a mother who is close-binding and intimate with her
son, and dominant and minimizing toward her husband, and a father
who is detached and hostile toward his son. For us the most important
statement of the study is that it “provides convincing support for a
fundamental contribution by Rado. . . . A homosexual adaptation is a
result of ‘hidden but incapacitating fears of the opposite sex’ ” (8,
p. 303).
Bene (7), comparing 83 homosexuals with 84 married men, found
that the homosexuals expressed significantly more hostility and less
affection toward their fathers as well as coming from their fathers.
They also expressed more hostility and less affection toward their
mothers. If they are more attached to their mothers, it is not because
their relationship is better than that of nonhomosexuals, but because
their relationship to their fathers is worse.
Other research of this type (6, 10-13, 15, 17-19, 21, 22, 25-26)
similarly reports that homosexuals tend to perceive their mothers as
having been intimate, close-binding, over-possessive, overcontrolling,
seductive, and dominating. They tend to perceive their fathers as
having been rejecting, hostile, indifferent, weak, ineffectual, and de­
tached (4, 5, 9).
One contradictory study is that by Greenblatt (14). However, he
used “well-adjusted” homosexuals. They described their fathers as
good, generous, pleasant, dominant, and underprotective, and their
mothers as good, generous, pleasant, neither dominant nor subordin­
nate, and neither overprotective nor underprotective.
While these research studies are restricted to the influence of the
parents, Kurt Adler points out that remembered “sibling relations
must also not be forgotten, when one searches for factors which may
have discouraged a child from pursuing his proper gender role.” He
reports that “one boy’s earliest memory was that his twin sister, in
their double perambulator, used to crawl over to his side and beat
him.” The boy “had been a promiscuous homosexual since the age of
18, and had never even dated a girl, which, with such an earliest
memory, we can well understand” (3, p. 72).

Cases
A young man came to the first author with the complaint that he
was extremely anxious about school, friends, his love life, everything.
His first E.R. included: “She [mother] kicked me in the crotch. It hurt
—but she apologized.” He reported that he was homosexual, and
his mannerisms confirmed this, which, to quote Kurt Adler again,
"with such an earliest memory, we can well understand." In his second ER, his father pulled his legs out from under him in the water at the beach, and in a third ER his father caught him in a dress in a closet with a doll—the themes often attributed to homosexuals. But it was the first dramatic ER which prompted the first author to look through his files at the ERs of the four other homosexuals he had seen. The ERs of all five cases are reported verbatim in Table 1.

**Table 1. Early Recollections of Five Male Homosexuals**

| Case A | 1. Age 5-6. I was lying on the floor and made a caustic remark, and she kicked me in the crotch. It hurt—but she apologized. It was an enraged kick—but she immediately became soft. |
| | 2. Age 4. I was at the beach and was standing in the water. Suddenly my legs were pulled out from under me. It was my father. I was scared. |
| | 3. Age 4. I was in a closet, in a dress, with a doll. My father opened the door. He caught me. [Question] I remember being caught in a compromising position. |

| Case B | 1. Age 3-4. I needed shots every other day. Grandma did it. The first time, standing by the stove she got the hypodermic ready. She said, "Come here." I was crying. I held her legs, she was wearing a long dress, and she gave me the shot. I cried and screamed. The first thing I wanted to do was run, but I didn't. Then she rocked and held me, and said I was a good boy for not running away, and I felt real good. |
| | 2. Age 4. I was with grandma, and she was hanging clothes. I switched on the washing machine and tried to put some clothing through, and my arm went through. I screamed and grandma ran towards me. I was scared, and she turned the machine off, and I felt fine. |
| | 3. Age 4-5. I remember when my parents got married (when mother remarried). I hid their rings. The rings were above the mantle and I took them and hid them. Two hours later I sat and waited for them to find out. They asked me and I didn't respond; I said, "no." They asked again, and I said I wanted some boxes their presents came in, and I showed them. They gave me the boxes and left. . . . I remember holding grandma's hand as they went in the car. I felt like they were leaving me. |

| Case C | 1. Age 5-6. I remember climbing up on the sofa where he was lying and I lay on top of him. I knew I could do it. I'm almost positive there was something sexual about it. I felt wonderful but I don't remember what he did. |
| | 2. Age 4. Mother was cleaning the house. I picked a thing off the floor. I went to blow into it. I thought it was a balloon. She was furious and hollered. It seemed like a long time, on and on. I couldn't understand how, over a balloon, but I knew there was more to it. Now I know it was a prophylactic. Whenever they are mentioned I think of this. |
| | 3. Age 5. Sis and I were in bed. We had scarlet fever or measles. The room was very dark, the weather was warm, it was quiet and cozy. I looked out the screen door at where the kids whom I liked and wanted over, lived. But I couldn't go out of the house. [Question.] I liked the idea of both of us being sick,
not able to scratch or rub, but getting great attention and care. It was a nice situation.

4. Age 5. Next door a woman had a garden, and flowers grew against our fence. I can’t remember whether I was picking the flowers or standing and smelling them. The woman came out screaming and screaming and screaming. [Question.] I was scared. I remember mother coming out and they talked back and forth across the fence and then I went back into the house.

Case D

1. Age 4. During mother’s pregnancy, I remember being resentful of her lack of attention. I told mother I wished she didn’t have a baby in her stomach. She got very angry. [Question.] I suppose I felt it was unfair.

2. Age 5-6. I took some homework to the teacher and told her it made me nervous to work problems. She said, you are too young to be nervous. I protested, it makes me nervous. I don’t know how it was resolved. I went back to my seat. [Question.] I felt anxious. I couldn’t concentrate. I felt like she didn’t know how nervous I was.

3. Age 6-7. I was trying to teach the maid English, to teach her the alphabet. She became frustrated and decided not to continue. She invented excuses and left. I felt she was giving up too easily.

4. Age 6-7. I was playing with Jimmy [brother], and I remember hurting him. He told Mom. I remember being scolded. She gave me a lecture, “Why are you always hurting Jimmy?” I protested, I hadn’t meant to hurt him, and I really had. [Question.] I remember being passive, just sitting there.

Case E

1. Age 8. I was playing with a knife, whittling on an Indian. I slashed back and cut my fingers. I was holding them, looking at them, and I screamed. Father ran over, looked down and hugged my head and said it wasn’t bad. [Question.] I needed someone; didn’t know what to do.

2. Age 5-6. I was going over to a friend’s house. I walked to the door, and his mother answered. She was tall, had black hair, and she screamed, “He can’t play—not today—go home.” And I walked away depressed.

3. Age 4. I was riding my sister’s bike on the street. I’d just gotten off training wheels. Going down the street not using training wheels. At the end of the street I used the wheels to turn and come back. I remember my Dad saying “Great.” [Question.] I felt great.

4. Age 4. At a carnival across the street, eating a candy apple and watching people and all. Everything seemed big, music, ferris wheel. [Question.] I felt strange and I was little; everyone else was big, and I was alone and the grass was tall.

Case B reports in ER 1, “I needed shots every other day. Grandma did it. . . . I cried and screamed. The first thing I wanted to do was run, but I didn’t.” He was an active homosexual who came to therapy in a crisis due to his inability to sustain an intimate relationship.

Case C said in his second ER, “Mother was cleaning the house. I picked a thing off the floor. I went to blow into it. I thought it was a balloon. She was furious and hollered.” His fourth ER went, “Next door a woman had a garden and flowers . . . I can’t remember whether
I was picking the flowers or ... smelling them. The woman came out screaming and screaming and screaming."

Case D, a 22-year-old man who said he was a homosexual and was anxious because he had never had any physical contact with either sex, and had never dated anyone, gave four ERs in which, in order, he was responded to angrily by his mother, his concerns were summarily dismissed by a female teacher, his constructive efforts were rejected by a maid, and his mother scolded and lectured him for hurting his brother.

Case E, a university senior who had considered himself heterosexual but had recently begun experimenting homosexually with a friend and was concerned that he was now homosexual, gave as his second ER, "I walked to the door [of a friend’s house], and his mother answered. She was tall, had black hair, and she screamed, ‘He can’t play—not today—go home.’ And I walked away depressed.”

DISCUSSION

These cases have in common that in at least one ER there is a woman who hurt or was angry with the subject, or toward whom the subject showed a critical attitude. The ERs are thus in accordance with what one would expect from the theoretical positions of Adler, Sullivan, and Rado. They are also in agreement with the general research evidence that presents the mother, and one may assume women in general, in an unfavorable light.

The direct description by these cases of their mothers also reflects this negative, critical attitude. Briefly, they described their mothers as: Case A, “Nice enough most of the time but sometimes she was really mean”; Case B, “When she’s in a good mood, she’s the best person there is; when she’s in a bad mood, she doesn’t want to be bothered”; Case C, “She was kind and gentle until she started drinking”; Case D, “Pure bitch”; Case E, “Was a pushover, didn’t respect her, but she was efficient.” These descriptions are more general, like the findings of the research cited earlier, whereas ERs, by their very nature are concrete and idiographic. It should be noted that, significantly, four out of the above five descriptions of the mothers contain a contradiction, thus corroborating the double-binding behavior of the mothers reported in other research studies on male homosexuals.

In summary, a series of early recollections (ERs) from five male homosexuals were examined to test the hypothesis that the homo-
sexual life-style characteristic of interposing a distance between oneself and the other sex is expressed in the ERs. We found indeed the presence of a hostile or aggressive female, or such attitude toward a female, in the ERs of our five male homosexuals. It remains for further studies to show whether this is a truly general finding, and if so, whether it applies also to the "well-adjusted" male homosexuals, or only to those in psychotherapy, as is suggested by the Greenblatt study (14).

REFERENCES

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(continued from page 2)

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