HOMOSEXUAL DYNAMICS STUDIED WITH AUTOGENIC ABREACTION AND PSYCHOTHERAPY OF ANALYTIC ORIENTATION.

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The dominant psychoanalytic view of homosexuality is that it arises out of massive unconscious childhood fears[5]. The etiology is believed to lie in the individual's psychic development, rather than biologic or genetic factors.

Bieber et a1[1] compared 106 male homosexuals and 100 male heterosexuals and found an excessive intimacy between mothers of homosexuals and their sons. The mothers exerted a binding influence through preferential treatment and seductiveness on the one hand, and inhibiting, overcontrolling attitudes on the other. The son was often more significant to the mother, than the husband. In contrast to this maternal intimacy, the father-son relationship was characterized by reciprocal hostility, as well as detachment and rejection by the father.

As a result of these disturbing early relationships, there is a life-long persistence of the original feminine identification with the mother, and a search for love from the father or father-surrogate. However, anger and rage at the parents also coexists and is drained off by a considerable degree of psychic masochism. The masochism seeks discharge through homosexual activity[5].

In the treatment of homosexuality with autogenic approaches, the general experience has been that the therapeutic process involves frequent and prolonged periods of neutralization of nonsexual material[4]. The neutralization of mother-related aggression is of major importance. Father-related aggression is secondary and is superseded by the neutralization of death-related traumatic material such as accidents and medical procedures, anxiety provoking religious education, and a variety of inadequate disturbing identifications.

In this exploratory study we describe the psychodynamics of two patients who were treated with both analytic psychotherapy and autogenic abreaction (AA). Our primary objective has been to analyze the differences in the understanding of these patients gained through these two different approaches. Since we hypothesized that material gathered during AA is dream-like and more representative of the true mental life of the patients than interpersonal discussion, we were particularly interested in observing patterns present during AA that were not noted during analytic psychotherapy.

Method

Two homosexual males were treated by two different therapists in analytically oriented psychotherapy and autogenic therapy for nine months. The therapists did not discuss the patients with each other during the course of the study.

* *Presented to the III World Congress of the International College of Psychosomatic Medicine.*
Published in: Therapy in Psychosomatic Medicine, Vol. 4 (F. Antonelli, Ed.) Pozzi, Roma, 1977, pp. 134-140.
Also in: Autogenic Methods: Application and Perspectives. W. Luthe and F. Antonelli, (Eds.). Pozzi, Roma, 1977

Over a three month period both patients first learned and practised autogenic training. Case 1 was taking 20 to 30mg. of diazepam nightly and this was slowly discontinued. Neither patient was taking any medication during the study. Once the first exercise (heaviness) was reliably learned, the technique of autogenic abreaction as described by Luthe[3] was taught. Both patients did two or more abreactions each week for six months. Initially AA was always done in the office, but once the technique was well learned and no longer required close supervision, it was also done at home. The patients tape recorded and typed verbatim transcripts of all their abreactions.

Case 1 did 46 AAs over a five and a half month period. Case 2 did 76 AAs over a six month period. Seven abreactions were randomly selected from each patient for detailed analysis. In order to minimize bias, the analysis was as phenomenological as possible; manifest meanings being selected over symbolic interpretations. Each line of transcript was assigned to a particular thematic category and by totaling the number of lines devoted to each theme it was possible to have a rough quantification of the relative importance of different topics. The content of these AAs are compared with the psychodynamic formulations independently arrived at during analytically-oriented psychotherapy.

Results

CASE 1. The first case is a 28-year-old graduate student, exclusively homosexual, who complained of anxiety, depression and difficulties in interpersonal relationships. Despite brilliant achievements in school, he encountered continuous failure in his professional life; losing jobs and bursaries, and endlessly procrastinating over the completion of his Ph.D. thesis. By the time he started therapy, he had attempted suicide twice by drug overdose.

In analytic psychotherapy he behaved in a hostile and uncooperative manner. This could be understood as: reaction formation against homosexual feelings for the therapist; a masochistic manoeuvre, attempting to stir retaliative anger, and thus proving his point that all authority figures were essentially evil; and finally, as an expression of his frustration at not getting the perfect (father) therapist. Historically, a similar attitude had been present towards his father, a weak man, who was almost always unemployed. Father was largely despised by the patient's mother, a successful, brilliant woman, who was able to continue university courses while working to raise her family. When she had free time she would spend it with the patient, rather than relating with her husband or eldest son. The closeness and admiration for mother facilitated the identification with her, to the exclusion of father who was seen both as a competitor and as a disappointingly weak man.

His homosexual relations were characterized by a preference for «inferior» men, to whom he would submit in a masochistic manner. Later, he would ridicule and scorn them because of his «intellectual superiority ». The patient, identifying with mother, reenacts the pattern that he perceived in his parents relationship.

His difficulty in finishing his thesis was largely related to his fear of surpassing his father, and on another level, to his awareness of the impossibility of producing the perfect masterpiece. Extreme competitiveness with father figures stimulated strong guilt feelings and was one factor leading him to both psychic and sexual masochism. In addition, masochistic suffering was also a device that he could use to prove that authority figures were «no good».

From the sample of autogenic abreactions studied (see Table I), it was clear that the theme of aggression predominated in this patient. The aggression was especially directed against the self, and was related to feelings of guilt and low self-esteem. A great deal of aggression was also expressed at mother or substitutes, the therapist and others. Secondary topics were anxiety related to death, and homosexual and heterosexual descriptions. Swirling imagery and dizziness frequently appeared.

TABLE I. - *Frequency of Lines of Transcript per Theme During Seven Randomly Selected Autogenic Abreactions for Case 1.*

Theme	Autogenic abreaction number							Total
	2	8	15	24	29	34	40	
Aggression against:								
self (guilt, low self-esteem)	-	5	13	50	20	20	33	141 (24.1)
mother of substitutes	-	22	1	4	19	4	3	53 (9.1)
father or substitutes	-	-	-	-	3	-	-	3 (0.5)
therapist	-	-	3	13	-	27	4	47 (8.0)
others	1	-	17	l9	29	4	21	91 (15.6)
Heterosexuality	-	4	-	7	4	-	1	16 (2.7)
Homosexuality	-	-	17	-	6	-	7	30 (5.1)
Transexuality	-	-	3	-	2	-	-	5 (0.*9)*
Autosexuality	-	-	1	-	-	-	1	2 (0.3)
Death	2	5	7	25	2	-	-	41 (7.0)
Resistance	17	6	20	-	3	2	-	48 (8.2)
Miscellaneous	8	9	3	28	-	13	4	65 (11.1)
Vestibular discharges and swirling images	13	2	12	-	7	6	3	43 (7.4)
Total	41	53	97	146	95	76	77	585 (100%)

(*) Numbers in parentheses indicate percentages of total. 1

Generally, these phenomena are related to a history of severe intoxications and unconsciousness. Indeed this patient would frequently drink himself to sleep and was hospitalized twice because of serious suicide attempts.

A close examination of the patterns or sequence of topics in his abreactions is even more revealing. In his mind there was an important functional association between aggression and sexuality. The following sequence illustrates this observation:

« .., the man that I raped is laughing at me when he sees that I am in pain... I grab his arm and twist it around behind his back... and he stops and I make him perform fellatio on me... and I urinate on him and I tell him to sit there and not to move... and I kick his jaw and it is bleeding... and I kick him in the stomach so that he doubles over and I rape him again... and then punch him in the face and I kiss him... seem to be kissing his jaw where it is bleeding and licking the blood... and then I seem to be licking him all over and he becomes aroused and I perform fellatio on him... ».

Aggression against others, mother, or the therapist were quickly followed by guilt and resulting aggression against himself e.g. «my brother... I stab him... I take him to the dock and toss him into the water... and a scissors cuts my head off.,. ».

CASE 2. The second case is a 36-vear-old married man, father of two young children, who complained of anxiety, insomnia, minor phobias and obsessions, marital difficulties, and compulsive homosexual acts. He is a professional engineer, who does well and is respected in his work, and is responsible in his family and social commitments.

His homosexual acts, limited to fallatio or mutual masturbation with strangers in public toilets, had a dissociative quality from the rest of his daily experience. When this was pointed out to him in

analytic psychotherapy, a transient period of increased difficulties with his wife followed. He was unable to perform sexually with her and be became competitive with his children for her motherly attention.

The expression of anger towards his «domineering and demanding» wife evolved into the same complaints he had against his mother. He remembered mother as having strong and obvious sexual desires, often using him to satisfy her own erotic needs. She would «abuse» him and form a coalition with him against his father, who was alternatively seen as brutal and threatening, or as weak and ineffectual.

Anger at his mother is in part genuine, as the close relationship with her prevented the development of normal relations with his father and the normal identification process with him. However, this anger also serves the purpose of denial of his incestuous wishes for her. Love for her is denied, instead it is projected and she is blamed for seducing him. The patient is thus able to deny his participation in the mother-child quasi incestuous relationship, therefore minimizing the danger of relation by his father-rival.

Lacking normal masculine identification mechanisms from his family of origin, he tried to fill this void by getting close to male figures in the same way that mother did. Since the age of nine he had fantasies of being sexually stimulated by his father, by uniformed authority figures (policemen, military), and by men who were «strong but kind». His recent homosexual activities only took place with men two fulfilled these criteria of strength and kindness. In his nonsexual relations with men, he would split them into two definite categories: those who were seen as threatening and dominating, whom he would fight or avoid, and those who seemed kind and strong. He would sheepishly submit to the authority of the latter.

During autogenic abreaction, this patient spent the largest proportion of time going over many sequences of repetitions on the topic of death (see Table II). The great need to neutralize anxiety related to death can readily be explained by the patient's history. At age four he nearly asphyxiated twice from gas and had inhalation anesthesia for an appendectomy, at age seven he had a tonsillectomy without anesthesia and also as a child he lived through many bombing raids during World War II. His accident history included a broken nose following a fall from his bicycle, a broken knee following a fall from a motor scooter, and a minor head injury while skydiving.

Another dramatically prominent theme was homosexuality. An examination of the pattern of thematic shifts showed that a homosexual description was almost invariably followed by the «death» of the patient, e.g. «... he. is making love to me... I am feeling the excitation rising.., suddenly its an explosion... I see a lot of colors... after that excitation I am falling... falling... the pleasure is finished... and I am dying...».

In addition to death following the homosexual act, the patient also described anxiety and death during surgical procedures and car accidents. Interestingly, during one of the abreactions, he described three long sequences of fantasized car accidents where he «dies». In each of these sequences he is the passive passenger and there is a male driver (a cousin, a colleague, his father). Thus there was a homosexual flavor to death sequences that on the surface were purely accident-related.

A mental association between homosexuality and aggression was also observed in this patient, but it was less marked than in the first case. Other secondary themes were: aggression against mother, vestibular phenomena, some religious preoccupation (e.g. burning in hell), and a positive transference that was dependent and sexualized.

TABLE II. - *Frequency of Lines of Transcript per Theme During Seven Randomly Selected Autogenic Abreactions for Case 2.*

Theme	Autogenic abreaction number							Total
	7	21	32	42	50	64	73	
Aggression against:								
self (guilt, low s*elf-esteem)*	*76*	58	38	42	-	17	17	248 (12.0)
mother or substitutes	14	-	51	-	-	14	-	79 (3.8)
father or substitutes	2	-	4	19	-	-	-	25 (1.2)
others	-	-	-	-	-	l0	-	10 (0.5)
Heterosexuality	-	-	15	-	20	-	-	35 (1.7)
Homosexuality	-	42	-	65	58	23	138	326 (15.8)
Homosexuality-therapist	-	112	-	-	-	-	15	127 (6.2)
Transexuality	-	27	-	-	-	19	-	46 (2.2)
Autosexuality	-	-	-	-	11	-	-	11 (0.5)
Death	10	53	70	192	197	39	139	700 (33.9)
Physical Discharges	-	l0	38	11	4	I6	-	79 (3.8)
Religion-hell	-	58	23	-	22	-	-	103 (5.0)
Depression, crying	33	-	7	-	-	1	-	41 (2.0)
Miscellaneous	39	23	52	13	33	-	20	180 (8.8)
Vestibular discharges and body image distortion	7	6	6	18	-	13	4	54 (2.6)
Total	181	389	304	360	345	152	333	2064 (100)

(*) Numbers in parentheses indicate percentages of total.

Discussion

It was evident that the autogenic abreactions confirmed some of the dynamic formulations developed during analytic psychotherapy. For instance, aggression against mother was observed with both methods. However, some of the analytic formulations were absent or minimally present in the abreactions. Themes, related to a disturbing identification with mother and oedipal conflicts were seldom observed. This observation may mean that either analytic psychotherapy is more sensitive in detecting identification problems and interpersonal conflicts, or these themes were not yet ready for neutralization, or the importance of these themes have been overemphasized by psychoanalysis.

Furthermore, important dynamic material, not previously noted in analytic psychotherapy, was observed during AA. From the significant amount of time devoted to the neutralization of «death» in Case 2's abreactions, we can assume that his anxiety was a consequence not only of disturbed early family relationships but also of anxiety-provoking physical traumas such as live-threatening accidents, and operations without anesthesia or with inhalation anesthesia. Homosexual descriptions, during AA, were almost invariably followed by a death sequence suggesting that a link between homosexuality and death exists in this patient's mind. One can hypothesize that this association developed because unrelated traumatic events activated the same anxiety mechanism in the brain.

Although death-related material was not observed during insight oriented psychotherapy with the second case, psychoanalysts studying the dream life of homosexuals in general, found fears of encasement in caves, tunnels, whirlpools, deep immersion into water, with a threat of personal annihi-

lation and a loss of self (Fleischmann, 1960). These dreams are analytically interpreted as fear of engulfment by the body of the female. Although this interpretation fits the psychoanalytic framework, experience with AA indicates that with patients who have a history of life threatening accidents or unconsciousness the manifest, obvious meaning may be more correct: namely that there is an excess of anxiety related to the topic of death.

Summary

Two homosexual patients with diverse psychiatric symptoms were simultaneously treated with autogenic abreaction and psychoanalytically oriented psychotherapy. The two therapists independently treated the patients without having access to each others information until the end of the study. The psychodynamic formulations arrived at during analytic psychotherapy are compared with a phenomenological analysis of the autogenic abreactions. In addition to their disturbing early family relationships, other unrelated factors were shown to be significant during treatment with autogenic abreaction.

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