

THE OPEN MIND

Host: Richard D. Heffner

Guests: Dr. Harry Bakwin with Philip Polatin

Title: Homosexuality: A Psychological Approach

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ANNOUNCER: The Open Mind. Free to examine, to question, to disagree. Our subject today: Homosexuality, a Psychological Approach. Your host on The Open Mind is Richard D. Heffner.

HEFFNER: We first dealt with the subject of homosexuality some weeks ago on The Open Mind. At that time my guests included a psychiatrist, a lawyer, a minister-teacher, and our discussion was general by design, not only because we had a delicate and a difficult subject to deal with, but also because we wanted to approach the matter from as many different points of view as we possibly could within half an hour. But my guests touched then on the statistic that male homosexuality covers a broad range or continuum of experience, that there is some indulgence in homosexual activities to some degree or other by between 37 and 50 percent of all male individuals, either in adolescence or afterwards. Obviously then, such activities do not make an individual unique or bizarre, nor do they by themselves make him a homosexual. Those whose activities are exclusively homosexual however, include approximately four percent of our male population. And we have here a problem of major proportions. Our panel tried to distinguish between that **homosexual activity** which harms society and that which does not. And the point was made that our legal attitude towards homosexuality often does not reflect medical opinion, for the law frequently considers it a crime, a crime to be punished rather than **a problem to be treated**. Now, of course, we touched on many other aspects of homosexuality as well. And from your response to our program it was obvious that a good many of you felt precisely as we did; that we have here **a problem that affects us all**; affects us as parents and as good citizens concerned with our **nation's mental health**. And that his problem should and can be discussed openly and freely. Many of your letter contained questions concerning the **cause of homosexuality, its origins, particularly in childhood, its treatment**, and the preventative measures that can be taken by the parent. Therefore my guests today are two prominent physicians who are particularly well qualified to deal with these matters. First, our first guest is Dr. Philip Polatin of the New York Psychiatric Institute, and co-author with Ellen C. Faltheim of *Marriage in the Modern World*, recently published by Lippincott. Our other guest is Dr. Harry Bakwin. Dr. Bakwin is President of the American Academy of Pediatrics.

Well, gentlemen, suppose you let me begin this discussion by directing my first question to Dr. Bakwin. Dr. Bakwin, in this article that you've written on homosexual behavior in children, you say that the majority of adult homosexuals date the beginning of their unusual behavior back to childhood. And I wonder, in terms of your experience with your patients, with your studies and researches, what do you think the origins and causes of homosexuality are in young people?

BAKWIN: And the pediatrician is especially interested in this condition because it seems as though if it's to be prevented at all it is to be prevented during childhood. **Sex play among members of the same sex** is very common according to Kinsey, and is indulged in about 50 percent of children. So that when child, **a boy indulges in sex play with a**

member of the same sex it's not a matter for concern. However, we would like to be able to identify those children in whom this sex play is serious and is going to go on to homosexual behavior in adult life, and normal sex play. The second thing we'd like to know, of course, is how to prevent trouble later on once we've been able to identify it in childhood.

HEFFNER: Well, I wonder what you find to be causation here. Have you been able to put your finger on cause and origin of the pattern of homosexuality? There are probably many causes. One is a constitutional cause. There is a small but quite definite group of children in whom I think this is an inborn deviation. These children, from the earliest childhood, boys particularly, dress up on the clothes of the opposite sex. They posture like members of the opposite sex. They experiment with cosmetics. You know, we see these as children, but we don't know what becomes of them as adults. These are termed by the psychiatrist "transvestites". And the psychiatrist doesn't consider the transvestite and the homosexual as necessarily the same. I'd like to hear, very much to hear what Dr. Polatin has to say about that.

POLATIN: Well, we have an entirely different view. We don't in any way ignore the possible factor of the constitutional element, but we, working with homosexuals or other sexual deviates, find that the early parent-child relationship bears a greater relationship to the development to this condition than other factors. For example, we find that one of the most common expressions of difficulty is the aggressive, dominant, controlling mother and a very passive, meek, compliant father. So that the boy, in the development of his psychological life, identifies with a parent of the opposite sex rather than with a parent of the same sex. Because we know that in the course of psychological growth there is the normal period of what we call "the latency period" or "the homosexual period" between the ages of about six and 12, in which little boys play with each other. They play the Hardy Boys game. They have games in groups. And little girls play together themselves. And they indulge in feminine activities, playing with dolls and with cooking utensils and they want to help mother. In other words, gradually they are beginning to identify themselves with the parent of the same sex, so that at the age of puberty when there is a tremendous psychological and physiological upheaval, they now become men if they are boys, and they now become women if they are girls, and then they can go out like father did or like mother did into the world and seek for themselves a mate on a heterosexual level. The homosexual has somehow or other become fixed or limited in his development at the immature level of psychological growth.

HEFFNER: Now I'd like to ask a question of you concerning something that Dr. Bakwin said. You talked about the little boy who dresses up as a girl. This may be an indication of what you were talking about, but on the other hand it doesn't have to be, I gather, that you're talking about an overall pattern and one incident, one step in one direction or another doesn't make a pattern, I gather.

BAKWIN: Oh, no. This is the child that repeatedly does it. Now, this is very rare. I don't think I've seen more than half a dozen children of this sort. And it certainly doesn't explain the four percent that one sees in adult life. And I think we must consider the factors that Dr. Polatin has mentioned to account for the large group. I think it's important to know that there is a small group that is constitutionally determined, and there are interesting twin studies along this line showing that it's constitutional, that is when the twins are both the same or are identical twins, then they're both homosexual. And when they're not identical, that is when they're two-egg twins, then only a small percentage of co-twins are also homosexual.

HEFFNER: Is this a point that's accepted by psychiatrists as well?

POLATIN: Yes. I would say in a small proportion of patients. And as Dr. Bakwin has mentioned, the pattern of the little boy dressing in female clothing or manifesting the interests of the little girl is not a prominent picture. Very frequently the homosexual does not become aware of his overt homosexuality until later in life. And often it comes as a terrific shock to him. And often he comes to the psychiatrist with this information and he wants to change, observing his propensities and not wanting to accept them. So that I would say that a small proportion of individuals would fall into the category described by Dr. Bakwin.

HEFFNER: Well, you talk about constitutional causes. And by that you mean congenital.

BAKWIN: Inborn.

HEFFNER: In something inborn. Does this mean that these characteristics are inherited?

BAKWIN: No, they're not inherited. They're in the genes, but they're not necessarily inherited, that is, in the sense that one or other parent are homosexual. It's generically determined. And the genetics is not clearly understood. But I wouldn't say that it was inherited in the sense that they get it from one or another parent or from some close relative.

HEFFNER: What about the matter of body structure or any physical characteristic? Do these things play an important role if any at all?

BAKWIN: Hormonal studies have been made to homosexuals and are negative. That is there are no differences in the hormonal structure of the homosexual and the normal individual. Also, as far as the body configuration is concerned, there are no differences between normal individuals and homosexual individuals.

POLATIN: With one exception, Mr. Heffner, and that is that homosexuals are prone to any of the disturbances which anyone else is heir to, and they may develop endocrine disturbances as well as a heterosexual person, so that they may show defects or deformities, but this is not characteristic of the homosexual in general.

HEFFNER: And it's not causal, I gather.

POLATIN: No, it is not causal. As a matter of fact there have been studies in which they tried to inject large doses of estrogenic hormone in male homosexuals and they found that the effect was like a castrate: that is the sexual drive was markedly diminished, but the object was not altered at all.

HEFFNER: I see. Well, if we then dismiss with some reservations the constitutional factor...maybe I shouldn't say "dismiss"...Say that it plays some minor role and leave out hormonal effects, or say there is no causal relationship between hormones and the development of the pattern, and we also say that it is not inherited necessarily, then I suppose we come back to the psychological processes that you began to talk about before. And I wonder if we could elaborate on those, going back to the question of origin and cause. Why in one family does a child, if we tend to play down the congenital and the constitutional, why does one child become homosexual and in another family a child

is not? What are specifically the factors?

POLATIN: Well, there again I want to emphasize the **child-parent relationship**. And this is a very important element because we cannot generalize and say, well, here there are three children in one family and only one of those children has developed homosexuality. The mother is the same, the father is the same. What has been the difference? Well, that is a pertinent question and we can simply answer that by saying that the emotional climate or the emotional interchange between a mother and each one of these three children may be entirely different even though it's the same mother or the same father. Now we're not saying that these parents cause homosexuality, but we are talking and we want to emphasize this because we also want to mention prevention. These certain attitudes, as I said before, a frightening or threatening or intimidating father may so frighten a child, a boy let us say, that later on in life he will be so frightened of any male figure that he will want to submit, he will want to be passive, he will want to not enter into any argument, and this passivity may result in homosexuality in order to utilize or ward off this fantasy image of the father. Or as I indicated to you before, that **a mother who is dominant, an aggressive and controlling, and isolates this boy from all social activities or at least activities with the same sex may develop in this boy an identification with a mother as a female and a fantasy that he wants to be a female too**, like the aggressive, dominant, controlling mother. So that these are many factors, and there are many combinations of these elements which enter into the final development of a homosexual expression.

HEFFNER: Do you find these factors enter into your studies?

BAKWIN: I would emphasize other factors. I think the soil is different. Of course the parental reaction to different children is different. Parents are different toward their children just as they're different toward their friends. And I don't think that's generally appreciated. A certain objectivity. And so it isn't the same parent for each child. However, I think also the soil is different. And I think there is a difference in susceptibility of different individuals toward this deviation. Now, I think given this soil, given an unhappy home, given a child who is exposed to an aggressive adult, that under those circumstances if the adult is of the same sex, this child may fall prey to this particular deviation. This was brought out in a very interesting study by Greco and Wright some years ago. They studied a group of homosexual boys and also studied a group of control children. And they found that in these homosexual boys that had commonly been exposed to an experience during a period when they were unhappy, to a sex experience with an individual of the same sex in whom they had faith, in whom they had confidence. And I think it's sort of a non-specific unhappiness, plus the chance meeting with some aggressive adult of the same sex, that plays a major role.

POLATIN: Yes.

BAKWIN: And the difference in the soil, and there's a difference in susceptibility.

POLATIN: Yes. Well, that's just it. I want to emphasize that. I think what Dr. Bakwin says is correct, that many homosexuals have been seduced, so to speak, in the pre-adolescent phase. But often when we study these people the soil has been right. Because we know many perfectly healthy, well-integrated, mature people who have been seduced in the pre-adolescent phase and who somehow or other have come through it unscathed and unscarred and function perfectly well. So that the soil is different in these people who are exposed to older homosexual fantasy.

HEFFNER: Well, are you putting your emphasis, Dr. Bakwin, on some traumatic experience, some single experience?

BAKWIN: Usually not a single experience. Usually repeated experiences, according to the studies and the literature.

HEFFNER: And something outside of the individual rather than inside?

BAKWIN: No, I would say first a fertile soil. Second, unhappy surroundings. And third, the chance meeting with an aggressive adult.

HEFFNER: Well, I wonder as you say that whether when the chance meeting does not take place do we find our unhappy young person developing other troubles, developing neurotic patterns rather than developing the homosexual pattern. In other words, is it the chance meeting plus the good soil that leads to homosexuality while the good soil plus another set of circumstances will lead to a different pattern? Will he become neurotic? Will he develop other symptoms?

POLATIN: Yes, that's a very good point, I think.

BAKWIN: Well, of course, I'm not so sure. I think we all have our hard raps and we take them and get over them all right and submerge them or whatnot. And they don't all necessarily have neurotic manifestations. You would not go along with that, Dr. Polatin?

POLATIN: Well, just to answer Mr. Heffner, my feeling is this: That if this child with a morbid parent-child relationship in the pre-adolescent period, if he is not exposed to an overt, aggressive homosexual adult, will have the potentiality for homosexuality there in a latent form which may never express itself in overt form, but since it is there and it wants to express itself but it is being kept down because it is not acceptable may develop all sorts of neurotic manifestations.

HEFFNER: Well, are there particular problem areas, particular problems that a young person will try to submerge or resolve or escape from by developing a homosexual pattern?

POLATIN: Well, obviously if there is an overt homosexual pattern there is no impulse in the direction of the opposite sex, and therefore marriage, children, and the responsibility of a home is completely avoided. And this fits in very well, because as I indicated before these are emotionally immature people, even though intellectually and physically they may be fully developed and very mature, but emotionally they are immature from our point of view.

HEFFNER: Well, does that mean that the sight of a bad marriage, a bad marriage constantly before the child, a desire to escape the responsibilities of such a marriage, that these are the areas of conflict that lead to an escape via the homosexual pattern?

POLATIN: No, I wouldn't put it in such a direct relationship. Not at all. I don't think the marriage per se is the determining factor. I think it's the individuals in that marriage and their impact upon the child, the mother and the father.

HEFFNER: what about preventive measures? Do we just reverse the coin, look at the

other side of it? This is a problem, and I'm sure from the letters we've received that a great many people are eager to understand what one does to prevent this.

BAKWIN: Yes, the pediatrician is very much interested in prevention. And if prevention is to be effective it's going to be in the hands of the pediatrician. Given a child with, well, I think every child ought to have a happy home. And I think that to a large extent the pediatrician has an opportunity of helping with by noting mistakes in child rearing, false attitudes, directing perhaps certain parents to the psychiatrist for treatment and so forth. Just be creating a healthy, happy home I think he can do something in a sort of a non-specific way. Now, according to Kinsey, and he's not alone in this, there are others that feel with him, there is sort of a graded series. He grades people from series from zero to six, as a matter of fact, zero being the complete heterosexual, six being the complete homosexual, with a graded series of people in between with different soils, if you will. Now, I don't think one can do very much with the people that are way over at one extremity. But the bulk of the homosexuals that we know of I think are in the middle somewhere. And I think there we can do something if we can recognize early trends and if we know the right thing to do. So I say, for one thing, we can try to correct the home and try to create for the child a happy home, suggest changes in parental behavior and so forth. I think if a child shows homosexual tendencies that he should go, if he's a boy, say, to a coeducational school. I don't think he should be sent to a school simply for boys. I think he's much better off when exposed to members of the opposite sex. I don't know what else one can do. I don't know that psychotherapy helps very much, because of course I've had no experience with it. This is not something that the pediatrician practices. I think that's about all that the pediatrician has to offer.

POLATIN: Well, I would expand on that. I certainly agree with what Dr. Bakwin says. But I would like to be a little bit more specific and emphasize the ages between seven and 12 as being very important in the identification with the same parent. The boys will eventually have to become men. The father plays a tremendous role. The father cannot shirk his responsibilities. He should take the boy with him fishing, tennis, all the activities which a man indulges in. The Boy Scouts, the minister, the priest, the rabbi play a role in this process of identification with the male, with a man. And a girl, too. The mother must take an active role with this little girl because she has to be a woman. And to permit the little child to be with her when she is cooking or baking or cleaning and have the little child participate. I've heard so many children who say, "I was never permitted to do any housework. My mother treated me like a queen. I wasn't permitted to engage in any of these activities, and I miss it". So that these are important. These are very significant aspects of child training and particularly of the child-parent relationship. And as Dr. Bakwin has indicated, where a child in the pre-adolescent phase shows propensities or characteristics or interests of those of the opposite sex an active attempt must be made to correct that, to interest him in the things that, for example, little boys are interested in. This can be done actively on the part of the parents within the community and if the condition is marked then a child psychiatrist can help a great deal and group therapy can play a role here as well.

HEFFNER: You do feel that psychotherapy has its place here?

POLATIN: Yes.

HEFFNER: Well, I wonder also whether you would say that the parent who is concerned has to remember that at the age group that we're talking about there is a natural tendency for little boys to play together with little boys and little girls to play together

with little girls, and that one doesn't just look and then shout and then become concerned.

POLATIN: No, no.

HEFFNER: And I suppose the pediatrician and the psychotherapist are the people who can best tell here.

POLATIN: Yes.

HEFFNER: But I think it's very interesting that you say there is so much that can be done in the way of direct guidance by the parent. Is it example? Is that how we learn to be men, by seeing men, our fathers?

POLATIN: Yes. Well, by the **process of identification**. It's a more active **psychological process** rather than just a purely visual one. It's year after year, month after month identifying, seeing what he does in terms of the psychological significance of what he does, and wanting to be like the father, a man like the father.

HEFFNER: Do you think this is true from your experience as a pediatrician?

BAKWIN: I think it's true. I don't, I can't say from experience because it's hard to make an estimate on the basis of experience. I would emphasize the point that the child's maleness should be emphasized when you suspect that there's maybe something wrong. His maleness, as you point out, should be emphasized. He should be taken out to a baseball game with his father and so forth.

HEFFNER: But without, I suspect, without attack, without being driven away supposedly from the feminine patterns that he's following, if he is a little, well, if his friends call him "sissy" you don't follow that up. You don't try to blame him and attack him; you try to present a different example.

BAKWIN: Oh, no. Oh, no. Oh, no.

POLATIN: You just divert him instead of attacking the problem directly. You divert him. You channel off these feminine propensities and substitute something active, masculine, aggressive so that he can change.

HEFFNER: And I gather that there is **treatment for latent homosexuality**.

POLATIN: Well, yes.

BAKWIN: Are you referring to children?

HEFFNER: Yes.

POLATIN: Yes. Many child psychiatrists treat situations of his sort if it is more overt. You see, when you talk about latent homosexuality, we're talking about something entirely different. And I don't know whether we have time to go into that.

HEFFNER: Well, we have about 20 seconds left and possibly I shouldn't have raised that point. But I just wanted to emphasize again that you feel that there are corrective

measures here...

POLATIN: Yes.

HEFFNER: ...that can be taken.

POLATIN: Yes.

HEFFNER: First, the good home life. Second, the pattern set by the parents; the father for the boy, the mother for the girl. Well, I'm afraid that is just all the time we have for today, Dr. Philip Polatin and Dr. Harry Bakwin. Thank you so much for joining me today.

Homosexuality is a problem that concerns us all. And it is probably a sign of considerable progress and emotional maturity that we can discuss it intelligently on the air. Now, if you have any comments on what we've done today, I hope that you will send them to me here at WRCA TV. Meanwhile, The Open Mind will not be on the air next week, but will be back again in two weeks, on October the 13th, at our regular new time, 6:00 to 6:30 p.m. We'll be discussing our Bill of Rights, its meaning and its place in contemporary American life. See you then.