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25: Understanding Homophobia.

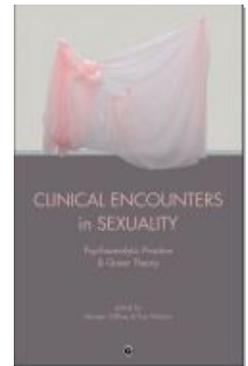
Published by

Noreen Giffney and Eve Watson.

Clinical Encounters in Sexuality: Psychoanalytic Practice and Queer Theory.

Punctum Books, 2017.

Project MUSE. <https://dx.doi.org/10.1353/book.76528>.



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[148.135.83.86] Project MUSE (2025-02-16 13:26 GMT)

Understanding Homophobia

Mark J. Blechner

Psychoanalysts and queer theorists both know that the questions we ask shape the kind of data we discover. Psychoanalysts since Sigmund Freud have asked often, “Why are some people homosexual? What causes this sexual attraction?” They have not asked so often, “Why do people hate and fear homosexuals? What causes this irrational emotional reaction? What causes the destructive and often delusional fear and hatred of gay men and lesbians?” This is odd, since homosexuality itself has harmed no one, whereas hatred and persecution of homosexuals has damaged many lives. It is also odd because the understanding of prejudice has been a fundamental aim of psychoanalysis throughout its history. *The Interpretation of Dreams* (Freud, 1900) was not only a landmark in the science of unconscious processes; it was also a relentless airing of and protest against the prejudice towards Jews in Freud’s time. Psychoanalysis is the science of the irrational, and hence it is the field most suited to address the irrational fear and hatred of homosexuality that we call homophobia.

Jeremy Clarke (2011) tells the following anecdote:

At a recent conference held at the Institute of Psychoanalysis, in London, during lunch, a group of senior training analysts were chatting: “What does the Kleinian group think about teenage abortion these days?” Well, we don’t assume

the young woman is solely motivated by murderous and destructive instincts any longer, though that will come into it, of course... Ah... But now gay marriage — that really is against the facts of life.

What are the facts of life? Many psychoanalysts, sometimes not knowing much about the latest facts of sexology and other social sciences, rely on their common-sense notions of a healthy life. Often unconsciously, they amalgamate their upbringing, commonly held views of the culture, and religious beliefs into a view of how life should be lived and what constitutes mental health and psychopathology.

Is heterosexuality inherently pathological? Please read that sentence ten times without dismissing it. You may find eventually that it is no more sensible or ridiculous than the much more common question: Is homosexuality inherently pathological? I call this the test of “bias reversal” (Blechner 1993): taking a potentially prejudicial statement and turning it upside down, either by reversing genders or substituting the dominant group for the group that is the object of prejudice, thereby revealing unnoticed bigotry. Are white people inherently less intelligent than black people? Is terrorism against infidels inherently a characteristic of Christianity? Such questions highlight the essentially irrationality and bias of our “common-sense” prejudices. Both homosexuality and heterosexuality give pleasure, can be integrated into loving relationships, and harm no one. Why then do many people, psychoanalysts included, hate and fear homosexuals? What is the root of homophobia?

All of us are potentially prejudicial, and we are all better at observing the prejudice we experience as victims than the prejudice we perpetrate on others. People who have written authoritatively about the roots of prejudice against their own group nevertheless can express acute prejudice against other groups, employing the same psychic mechanisms that they have identified in others. For example, Janine Chasseguet-Smirgel (1996) decried the essential narcissism of homosexuality as a denial of difference. Yet Chasseguet-Smirgel, a Jewish, French psychoan-

alyst married Béla Grunberger, her Jewish, French psychoanalyst. This is an example of the “gender fetish” (Blechner 1998) so prevalent in psychoanalysis—the obsessive and exaggerated attention to the gender of someone’s romantic partner, to the exclusion of so many other factors of equal or greater importance. Therefore, I have proposed (1995) that we give prefixes to the terms “heterosexuality” and “homosexuality.” What we usually call “homosexuality” should be called “gender homosexuality.” Many other significant factors can be concordant or different in any couple, including age, social class, nationality, ethnicity, religion, profession, sexual behavior preference and others. Any one of them could be a prefix, such as “age heterosexuality or age homosexuality.” The prefixes “hetero” and “homo” could be used to convey that you are attracted to people who either share certain characteristics with you (“homo”) or differ from you in that way (“hetero”). Chasseguet-Smirgel, while a gender-heterosexual, was a religion-homosexual, a profession-homosexual, and a nationality-homosexual. We have no reason to consider any of those homosexualities to be inherently pathological, any more than we should consider gender-homosexuality to be pathological.¹

Psychoanalysis has provided us the tools to identify the defensive process behind such gross pejorative generalizations: they are projections of self-judgement onto a member of a group perceived as outsiders, a psychic operation described vividly in pre-psychoanalytic times by Jesus: “And why beholdest thou the mote that is in thy brother’s eye, but considerest not the beam that is in thine own eye?” (Matthew 7:3). The psychoanalytic literature has many discussions of projection in relation to anti-Semitism, (e.g., Ackerman 1947; Grunberger 1964; Chasseguet-Smirgel 1988) but relatively few discussions of projection in relation to homophobia (Corbett 2001). As a general principle, if the object of hatred and prejudice is excluded from a group’s dialogue, then erroneous, even psychotic prejudices

1 See Kernberg (1975) and Segal (1990) for similar demonstrations of projective mechanisms with respect to self- and other-prejudice.

can be sustained by the group. The shared projective defense behind much psychoanalytic homophobia could go unchallenged and unanalyzed only as long as the object of that projection was kept out of the psychoanalytic dialogue. Hence the importance of including gay men and lesbians in the scholarly and clinical community of psychoanalysts. By excluding open gays and lesbians from participation in the psychoanalytic community, psychoanalysts prevented their own cure from anti-homosexual prejudice.

Another unconscious source of homophobia is religion. The word “perversion” has its roots in religion. In the *Oxford English Dictionary*, “perversion” is defined as: “turning the wrong way; turning aside from truth or right; diversion to an improper use; corruption, distortion; specifically, change to error in religious belief.” This definition highlights the trouble with the concept of perversion. In orthodox religion, there is a right way to do things, and if you do things differently, even if it makes you happy and you do not harm anyone, you are still wrong, perverted and sinful. Many clinicians have bought into such a translation from sin to psychopathology, even if the connection between pathology and sin is not fully conscious. This has caused a lot of clinical mischief and a good deal of suffering for patients. It may be that if the clinician thinks perversion, the clinician is also implicitly thinking, “I know the right way to behave.” Not just the right way for me to behave, but *the* right way to behave.

There is an identifiable progression that has characterized much psychoanalytic and psychiatric thinking about the “psychopathology” of groups that suffer prejudice (White 2002; Blechner 2009). It starts with an acceptance of society’s standards and an identification of the distress and dysfunction of the individual as a problem inherent in the individual. Gradually (often too gradually), there is recognition that the individual may be suffering not from an inherent, intrapsychic neurosis, but from persistent perversion of living caused by unbearable requirements of surviving societal oppression. There is then a second, intermediate stage in which some theorists identify this maltreatment, and a growing recognition that the individual’s

problems can be cured not by intrapsychic change, but rather by changing the individual's relation to society. Finally, there is the third stage, in which there is recognition that for the ultimate removal of psychopathology, society itself must change.

In its early years, psychoanalysis was at the cutting edge of this progression. Freud bravely noted the damage done by sexual repression, sexual hypocrisy, sexually transmitted diseases and sexual abuse of minors. Freud (1905) was indeed a queer theorist as well as a psychoanalyst. He scandalized Vienna with his proposition that in our unconscious we are all quite queer ("polymorphously perverse" may be a more scientific term for "queer"). Freud's observations led to vast changes in society, a revolution that is still in progress (see Brill 1913). But over the years, especially in the mid-twentieth century, psychoanalysis as a whole abandoned its progressive role and became increasingly an enforcer of traditional values, valorizing the supposed normality of middle-class stereotypes. Women who wanted equal rights with men were told they had penis envy. Men who had sexual relations with other men were seen as pathological. Women who had as many sex partners as men were diagnosed as nymphomaniacs. It is possible that psychoanalysis could be rejuvenated today by becoming a more queer theory than academic queer theory, as it once was. In order to achieve this, psychoanalysis needs to apply its own tools to its own defenses.

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