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# Homophobia: A misnomer

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## INTRODUCTION

This paper is based on clinical observation of 30 to 40 cases on what has historically been called homophobia. Thus it must be recognized as not an extensive study of the area, and the conclusions must be taken in that light. The great majority of these have been males although some females have been treated.

Examined will be some of the features and processes of homophobia. In everyday discussion the term 'homophobia' is used widely. Those somewhat delusive journals called newspapers not infrequently mention homophobia in their coverage of 'gay bashings', and of police who travel around the 'gay beats' also bashing or harassing homosexuals.

An initial internet search found 49 site matches for 'homophobia'. Not one described the condition. The matches were all related to political organizations such as 'Citizens Against Homophobia' and 'Greeks United Against Homophobia'. It appears these organizations seek to stop or reduce homophobia yet it is not defined.

A survey of dictionaries and thesauruses, technical and otherwise were found not to define this term along with many texts on anxiety, phobias, homosexuality and psychology in general. It is not mentioned in the American Psychiatric Association's DSM-III or DSM-IV.

It appears we have a situation where the term 'homophobia' is used in common language and even political groups are based on it. Yet a definition of it is elusive and a more in depth examination of the concept is virtually non-existent.

## HOMOPHOBIA

As mentioned previously a definition of homophobia is hard to find. This has been noted previously by Baraff(1984) who concludes the same. After some searching he settles for the definition of homophobia as: "Homophobia: literally, a phobia about men who are threatened by overt male homosexuality" (P89).

An internet search of 'phobias' produced many sites yet a definition or description of homophobia remained elusive. One short definition did come from

Culbertson (1995) - "Homophobia - fear of sameness, monotony or of homosexuality or of becoming homosexual". [no page number].

More insight into the term 'homophobia' is provided by Keeton & Gould(1986) . In the biological sciences terms like 'hydrophobic' and 'hydrophilic' are used. In the term 'hydrophobic' we have the Greek roots of hydro - "water" and phobos - "fear". On the other hand we have hydrophilic molecules meaning "water-loving". This however is problematic because we have represented in these two terms the concepts of 'loving vs fearing'. These are meant to represent opposites. However according to Schwarz(1991) and Foreman(1971), the antonym of 'love' is hate or loathing. It is not fear. The antonym of 'fear' is courage or unconcern. It is not love. It should be noted that in the English language there are very few true antonyms, most are approximations. However, love and fear are not even approximate opposites or antonyms.

One dictionary definition of 'phobia' is, "an irrational fear or hatred of something". "A very strong dislike of something"[P1075], Sinclair(1987). The synonyms for 'phobia' are words such as - dislike, dread, fear, hatred.

This demonstrates that there are two concepts for the term 'phobia'. The first being dislike and hate which are more of the angry family of feelings. Second there is fear or anxiety which are the scared family of feelings. This is further supported by the Chapman(1977) who actually separates the synonyms for 'phobia' into two distinct groups - one being 'fear', and a second being 'hated thing'.

These 'literary' definitions are generally at odds with the technical definitions which equate phobia only with anxiety and fear. The idea of hatred is not included as such in the DSM-III and DSM-IV. An arachnophobic fears spiders he does not hate spiders. A phobia is not an angry or oppositional condition it is an anxiety condition.

An individual may fear an object but not hate or dislike it. Alternatively and individual may hate an object and clearly not fear it. Indeed some individuals who hate something may actively seek it which the phobic rarely does. For example some people hate or dislike homosexuals and will actively seek them in order to assault them. Hardly phobic avoidance!

Finally a search of the TAJ for the last 10 years shows that 'homophobia' is only mentioned in one sentence in a discussion of AIDS patients. "Underlying homophobia and self-hatred may surface, and they may experience themselves as pariahs even to other gay men"[P180], Simerly & Karakashian(1989). They do not discuss the definition or what the concept entails.

In summary this leaves us with an poorly defined term - 'homophobia'. Also there is confusion over what a definition should include. For example, the more literary definitions equate a 'phobia' with fear of an object and hatred or dislike of an object. On the other hand the clinical or technical definitions are quite consistent in equating a 'phobia' with the fear of an object and not hatred or anger at that object.

## CLINICAL DEFINITION OF 'PHOBIA'.

One can readily find a definition and description of what constitutes a phobia. One need not look further than the DSM-III.

A phobia is defined by the psychological and physical reactions to the object or situation feared rather than the object itself. Symptoms of a phobia include the following:

The victim suddenly feels persistent and irrational panic, dread, horror, or terror when he or she is in a situation that is harmless. The person recognizes that the fear goes beyond normal boundaries and the actual threat of danger. The phobic reaction is automatic, uncontrollable and pervasive, practically taking over the person's thoughts in a barrage of imaginary threats and dangers. The person suffers from all the physical reactions associated with extreme fear: rapid heartbeat, shortness of breath, trembling and overwhelming desire to flee the situation. The person flees the feared object or situation and goes out of his or her way to avoid it.

## IF NOT HOMOPHOBIA, WHAT?

I have never seen an instance of a person being phobic of a homosexual as is described above. Thus one is left with the question - If people who have difficulties with homosexuals are not homophobic what are they? In order to answer this question we need to look at the behaviours that are seen to represent these difficulties.

Bell & Weinberg (1978) talk about 'homoerotophobia'. They describe such phobics in the following way, "...many persons feel free to rob or assault homosexuals, knowing that their victims are not likely to press charges and even feeling that they are getting just what they deserve" [P188]. Some examples of what they found in their research are as follows:

"How many times has money been illegally demanded of you by the police [or persons believed to be police] for reasons related to your homosexuality?"  
One or more times: 5% males, 0% females

"Number of times rolled or robbed in connection with homosexuality"  
One or more times: 29% males, 3% females

"Number of times someone has threatened exposure of homosexuality in order to get something of value"  
One or more times: Males 14% Females 18%

The Western Australian AIDS Council (1997) conducted research into homophobia in rural youth. They found that in 1996, in Australian high schools in rural areas, 65% of male students and 40% of female students had homophobic thoughts. This homophobia was expressed in forms such as verbal taunts and abuse along with open physical assaults. Commonly homophobia was also observed amongst the homosexual students themselves. They had thoughts such as - "I am what I detest".

Quite clearly some people have enmity with homosexuals. Also quite clearly the examples described here are not the actions of a phobic. The phobic individual does not seek the phobic object they run away from it. Clearly this is not happening in these examples.

So what is happening? I have identified three sets of reactions from people who have problematic feelings about homosexuals.

First there is homoaggression, second there is homoanxiety and third there is homorevulsion. Homoaggression is the most obvious. Verbal and physical assaults are clear behavioural examples of this attitude. This is the most dangerous of the three attitudes as is shown by the examples of what can be done to homosexuals. The bully type individual can have this attitude as he/she can readily rationalize such actions, and indeed much of society can be seen as confirming their beliefs and actions. Homoaggression from bullying is very apparent in high school aged children.

Homoanxiety may seem odd as I have just spent time stating that homophobia is a misnomer, and a phobia is a disorder of anxiety. However there are individuals who experience anxiety in reaction to homosexuals, yet nowhere near what could be seen as phobic anxiety. The anxiety can be that they may be affected or influenced by homosexuals. They are concerned that they maybe turned into one in some way. There may also be anxiety that a homosexual may influence or attack his/her children. This attitude is not as dangerous as can be homoaggressive attitudes. Usually it takes the form of a vigilant watch for the presence of homosexuals and then watching them and being careful in transactions with them.

Homorevulsion. Usually this takes the form of feelings of revulsion or disgust about homosexual acts such as oral and anal sex. Such feelings and thoughts can be used as rationalizations for the expression of homoaggressive impulses.

It would seem that any of these three attitudes could also be held by homosexuals themselves. This is particularly evident in the homoaggressive impulses. Simerly and Karakshian(1989) state that gay men with AIDS can at times experience themselves as pariahs to other gays. As was mentioned before the Western Australian AIDS Council(1997) research report homosexuals having thoughts such as - "I am what I detest". In addition suicidal and self mutilative acts may be a reflection of the homosexual also possessing homoaggressive feelings. More research needs to be conducted to discover if the other two attitudes of homoanxiety and homorevulsion also exist in homosexuals themselves.

## CASE EXAMPLES

Each case example described here is of a male client. All these men had been in, or have had long term heterosexual relationships, most producing children. None of them have ever expressed a lack of sexual feelings, or such at-

traction to females as male homosexuals can. They clearly had sexual attraction to females and none expressed any such attraction to males. None have ever had a voluntary homosexual experience. Whilst it is possible that some men may have homoaggressive impulses due to a denial of their own homoerotic tendencies, I have not observed this. Instead I have seen the homoaggressive impulses coming from traumatic episodes in childhood.

#### FOUR EXAMPLES

Case 1. 40 year old male. Married 12 years with 2 children. From a Mediterranean culture. Displayed clear homoaggressive feelings. Stated that in his culture homosexuals would be beaten up and if any of them approached him he would deal with them in an aggressive manner. In childhood he was molested by an uncle over about a year when he was seven years old. This was fondling of the genitals by the uncle as he was minded by him. There was no penetration and he was not required to perform acts on the uncle. He also had strong homorevulsion attitudes stating the homosexuality was disgusting.

Case 2. 42 year old male. Married 15 years with four children. Demonstrated homoanxiety, homoaggressive and homorevulsion attitudes. As an adolescent he was ridiculed by his relatives if he ever brought a girl home from school, which he rarely did as a result of this ridicule. He had difficulty establishing relationships with females as he felt self conscious and shy. Also as a teenager, at times he was called a 'homo' by his peers because he did not have girlfriends. His homoanxiety stemmed from the feelings that homosexuals make him question his identity which is already insecure. Also he feels that if he is seen with them he states that - "People will think I am homosexual". In addition he finds the idea of men having sex revolting - homorevulsion feelings.

This client reported a dream which displays some of these attitudes and was to become a central part of the therapy regarding his homoanxiety, homorevulsion and homoaggressive feelings. He wrote this dream down at 3.00am on a Monday morning. He found it quite distressing, and very difficult to tell it. He could not bring himself to write the word homosexual(s) so he used the notation of 'H' instead.

"I went looking for my son and his friend. I came to a dark street with a doorway in a building. Some "h" were standing outside. I went down the stairs inside. It was dark and dingy. I noticed an angled floor at the same angle as the stairs on the right. A large number of "h" were lying on it on their backs getting photo lamp suntans.

Just at the bottom of this sloping floor were two "h" sitting face to face. They looked sleazy in their leather. I noticed a doorway next to them. I called out to my son. He was in the little room with his friend. There were two "h" there with them. I called out to my son again. He said, "Wait dad". I thought to myself, NO, he must come out of there.

I went in. He and his friend had semen all over their faces. There were two "h" there. I punched one away and started to pull my son away and his friend. The "h" did not want this to happen. I pushed them away and punched them at least twice in the head. I kept pulling my son away.

We came out into the larger room. Other "h" came towards us. I pulled my son away and punched the "h" at least once or twice. I think we got out of the building. I woke up."

This dream allowed him to acknowledge his problematic attitudes to homosexuals and provided a number of options for dealing with them.

Case 3. 35 year old male. Married 3 years with 2 step children. Homoanxiety and homoaggressive attitudes are evident. As a young child he was physically violated by a very domineering mother. This included being given enemas and probably some genital molestation by her. Mother also displayed sexual overtures to him throughout adolescence. Has a history of being passive in relationships with females. In adolescence when there was any intent shown by peers to touch his underpants {"Daking or wedging"} or grab his genitals or bottom he reports that he used to go into a blind rage. Consequently it did not happen often but he was hyper vigilant to any signs that it may, such as in 'locker room' situations or school camps. The same vigilance and anxiety about homosexuals exists to date. He also has aggressive attitudes towards them, such as speaking about them in a derogatory manner.

Case 4. 45 year old male. Married 20 years with 1 child. Had his genitals fondled in his early teens by a male adult in a sporting team. Also from the ages of 5 years to 11 years of age, he probably suffered some sexual abuse. There is a considerable loss of memory around this time, yet he does recall some events as an altar boy and with a high profile media personality who he met whilst hitch hiking at age 10. He has strong aggressive feeling about feminine gay men, but not other homosexual men. He feels revulsion at the thought of male homosexual sex acts. He can not watch two males kissing on television and yet is very liberal minded about the great majority of other sexual acts. Any personal advertisements that involve male to male contacts he can not bring himself to read. He automatically feels very squeamish and nauseous.

It should be noted that sexual assault or molestation on male children does not necessarily lead to any attitudes such as homoaggression, homoanxiety or homorevulsion. I have counselled many such men who demonstrate no such feelings. It does seem safe however to conclude that in the four examples described above the sexual assaults that occurred in childhood, did contribute to the three attitudes under discussion. The four men described certainly believe that it did.

## OTHER CLINICAL CONSIDERATIONS

1. None of the men who had such attitudes about male homosexuals possessed the same attitudes about female homosexuals.

2. The dream cited in case 2 shows some other features found in these males. The homoaggressive and homorevulsion attitudes are reflective of the I-U-- life position. The feelings about their own not OKness resulting from the sexual abuse or ridicule is projected onto homosexuals in an attempt to make self feel OK. This has been found to be a more productive approach to treatment than using the diagnosis of I+U-. This is sometimes seen as confirming the 'truth' as they see it. "Well I am better than they are so that is a true statement", is often the thinking. The I-U-- diagnosis is more confrontative of the script beliefs.

3. There are also some features of a paranoid personality structure in these men, although by no means would all of them be diagnosed as such. There is the fear of boundary invasion. In the male, this can involve the fear of oral or anal rape by another male. This was clearly symbolized in the dream reported.

Indeed the client in case two originally stated that he felt, "homosexuals encroach on my personality". This is a perceived psychological boundary invasion. However in the dream this encroachment is physically sexualized, as came out with subsequent work on the dream. (i.e. the son being forced to engage in oral sex, and the homosexuals moving in on them when they tried to escape).

4. The three attitudes described are rarely felt as ego dystonic by the individual. That is the feelings of homoaggression, homorevulsion and homoanxiety are not seen as a problem by the individual. They see them as ego syntonic - the attitudes are not at odds with the rest of the personality. They feel that the problem is that there are homosexuals and if they all disappeared or became heterosexual then the problem would cease. This illustrates another way in which these three attitudes do not resemble a phobia. The phobic individual commonly sees the phobic feelings very much as a problem and wants to do something about them. They are not syntonic with the personality at all.

5. It has been found however, that dealing with the various homoerotic difficulties is relatively easy, in that the attitudes do not appear particularly resistant to change. Once they have been discussed and some of the childhood memories have been resolved the attitudes to homosexuals eases and the aggression, anxiety or revulsion diminishes. It appears that at least those who develop these negative attitudes as a result of early sexual abuse seem quite amenable to change.

This is a further reason why the concept of 'homophobia' needs to be understood for what it is. Phobias are most commonly dealt with by systematic desensitisation. If the three attitudes under discussion are seen as a phobia then the wrong form of treatment will be applied.

6. Another observation about these clients is that in three of the four cases, they were 'Boyhood Orphans', (White(1994)). These individuals are males who have grown up with an absentee father [figure]. As a result in adulthood they often have an ongoing need to have a close relationship with a male authority figure. However often such a need is frightening and is therefore

avoided. Indeed one such man had had a succession of female therapists and had originally ended up as a client of mine only by accident. His previous female therapist had suddenly left at a crisis time for him, and I was the only one available at that point.

As mentioned such men have a desire to be close to a male authority figure. However this can then be interpreted as meaning they are homosexual. Also these 'boyhood orphans' often have a high feminine side to the personality and the adolescent sexual identity crisis is often incomplete. Henceforth, one can see why in this case, homoaggressive feelings would develop.

7. Western Australian AIDS Council (1997) research has highlighted the fact that homoaggressive impulses are particularly evident in adolescents, especially male adolescents. This then begs the question - Why is this so?. The triphasic separation/individuation theory as presented by White(1985) provides some insight into why this happens. The adolescent, being in the Juvenile Negativistic Stage, is endeavouring to establish his 'altruistic sexual identity'. He should have previously established who he is sexually - ie male; but he is still to establish who he is in a sexual relationship. In an attempt to establish his own heterosexuality there can be a severe reaction against any idea of homosexuality. One way to achieve this is to view homosexuals in an aggressive manner. "I am NOT that!", is the approach in order to establish who he is.

This is a common ploy used by adolescents in establishing their identities. That is, being definite and oppositional allows one to gain at least a sense of what they are not, thus helping to clarify what one is. So if the teenager is oppositional to homosexuality then he is establishing what he is not, sexually.

## CONCLUSION

This paper suggests that 'homophobia' is not a phobia. Instead it is suggested that there are three attitudes - homoaggression, homoanxiety and homorevulsion - which explain the 'homophobic' behaviour more precisely. Some of the clinical manifestations of such a theory are also considered. This includes the observation that in some instances these three attitudes result from early childhood trauma.

It is however recognized that homoaggressive attitudes can result from parental and cultural script messages and modelling. In such instances, work with the Parent ego state would seem appropriate. In addition it appears quite reasonable that such attitudes may also result in those individuals who are denying their own latent homosexual qualities. This also merits further investigation.

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