

Hilarion Petzold

HOMOSEXUALITY AND GESTALT THERAPY -

An Interview

Q.: *Dr. Petzold, do you work with homosexuality in therapy?*

A.: I have worked with quite a number of homosexuals and homosexual couples of both sexes during my professional career. But working with these people and treating homosexuality are two different pairs of shoes. If you treat homosexuality, you have to have a perspective on sexual behaviour in general, not just on the "pathology" of being queer.

Q.: *Is there any specific theory of homosexuality in Gestalt therapy comparable to psychoanalysis?*

A.: Well, there are quite a number of psychoanalytic theories on homosexuality, but I would rather like to explain our own approach, the Gestalt approach towards this problem. First of all, we disagree with the rigidity and the dogmatism of the psychodynamic assumptions about homosexuality in classical psychoanalysis, its discrimination of homosexuals, and particularly with its pathologization of a homosexual person. The wholeness, the integratedness and health of a person cannot be measured alone on his/her sexual behaviour. Gestalt therapy has always had a very tolerant even positive view of homosexuality as one decision for a human being to realize his/her sexual and interpersonal life. Paul Goodman, one of the founders of Gestalt therapy, and at the same time, one of the initiators of the "gay liberation movement" has dealt with this topic extensively and then, Fritz Perls, although he led a very vivid hetero-homosexual life, saw homosexual contacts as a possibility of sexual expression for himself.

Paul and Fritz have been giving their view on the question and I will give mine: It is rooted in the Gestalt concepts of wholeness, figure/background relation and corresponding elements.

We think that psychodynamic thinking neglects the figure/background relation by isolating the human organism from its environ-

ment. According to the psychoanalytic conflicts model, the conflicts are reduced to the internal world, that is, the conflicts are stemming only from "**Triebchicksale**", the primitive instincts, conflicts between internalized social norms and blind instinct. From our point of view such a view is one-sided. It is not totally wrong, but one-sided. It doesn't take into account the factor of socialization. The reductionist's view, centering on drive dynamics ("**Triebdynamik**") is limited. We think, that socialization is the internalization of the social drama, of scenes and scripts, is the internalization of roles and role patterns. Of course, in the process of internalization, dynamic factors such as needs, urges, drives, desires are also functioning. We think, that from a biological view, people are designed for heterosexuality, man and woman being corresponding elements. Therefore the ordinary pattern of sexual behaviour would be the heterosexual pattern. However, if you look at the ethology of animals, you see that even in animals homosexual behaviour co-exists with heterosexual behaviour. If we analyze human behaviour, we see that from the very beginning there were both possibilities, homosexuality and heterosexuality. The human being has male and female sides which constitute his/her wholeness as a person.

Q.: *Is this also true for the child?*

A.: Of course. In children's games we often see boys impersonating females and vice versa. With children you can also observe sexual playfulness with mates of the same sex. But homosexuality, wherever it can be observed, is a variation of the main orientation of sexual expression, which is heterosexuality. When a variation of sexual behaviour becomes the only possible way of expression, there is a limitation and this limitation is connected with early emotional relations in the family, as part of the socio-cultural environment that is forming the personality. In this respect we agree with the psychoanalytic views and we begin to ask: how were relations with the mother and how were relations with the father? Has there been a father who was very male, with whom a son could identify positively, or has there been a father, who was very male, but very repressive and brutal and gave no positive identification model? Has the growing child rejected this kind of brutal male penetrating and violent sexuality? Or has there been a mother, who has permanently devalued masculine sexuality out of her own problems and has shown her son that male sexuality is not a desirable attribute? Or have there been a mother and a father who would have preferred a girl to a boy and constructed the socio-cultural

environment for their son in such a way that he received a socialization by which all behaviours, feelings and thoughts attributed to him were female? There is a variety of possible psychodynamic hypotheses and you cannot say that homosexuality has one cause only. In the Gestalt approach we look at the client as s/he comes. And if s/he comes, let's say for a problem of homosexuality, we may see that his/her problem arose mainly because of environmental discrimination or pressure. So we have to help him/her to cope with this problem and to gain the freedom they need in order to avoid vulnerability and depression. This would be a first perspective. A second one would be: is this client only limited in his/her sexuality or are there signs of pathological behaviours, such as a fixation to homosexual intercourse connected with anxiety, disgust and other symptoms in relation to the other sex? A third perspective is: how strong is the limitation? From these three lines we design our treatment program: first of all we have to give assistance to the client so that he can cope with discrimination; secondly we have to explore possible limitations of sexual experience and expression to find out what are the underlying hidden structures? We try to make the biographical background aware, make it conscious in order to help the client to change his/her behaviour, if he/she wants to, and we try to broaden his/her scope of sexual possibilities, which always means a broadening of interpersonal contact. Sexual relations are relations between human beings in their totality; this should never be forgotten.

Q.: Would you also try to change his/her sexual behaviour?

A.: Yes, also the sexual behaviour, at least in the respect, that he/she feels no disgust anymore towards female (male) persons. We only want to take away the negative affect towards the other gender. On the basis of working through the biographical process, the homosexual as well as the heterosexual begins to understand his/her sexual behaviour: the "history" of his/her feelings, the role models for his/her sex-roles and the cultural background of these roles. This last aspect is of paramount importance and too often omitted in psychoanalytic therapy, which is one of the reasons for its patriarchal character. If one begins to understand oneself, the freedom to decide in which way sexuality shall be realized, and only then, homosexuality has the chance to be more than a confinement. When working with a confined homosexual person, the minimal aim should be to try to enlarge the scope of sexual interest and sexual contact ability. So, the aim would not necessarily be to enable

such a homo-sexual to achieve hetero-sexual intercourse. This could be an aim, if this client desired it. But the aim would be at least that s/he can experience something like erotic attraction to a female (male) because the erotic attraction to a female (male) can be something beautiful and enriching. As one of our global goals in therapy is the enrichment of personality, the enrichment of sexual experience would be a goal, the same way as in a growth oriented therapy actualizing and developing oneself is a goal. Similarly, a hetero-sexual should learn to reduce tensions, resistance, withdrawal towards his/her own sex and should gain a naturally fluent potential for bodily contact and even physical attraction to the opposite sex.

Q.: *So you have the same aim for the limited heterosexual as you have for the limited homosexual? Or is the homosexuality itself a limitation?*

A.: Yes, I have the same aim indeed, but I do think, homosexuality in itself is a limitation.

Q.: *Isn't heterosexuality just as limited?*

A.: I wouldn't say so. I think that if heterosexuality does not allow the expression of homosexual feelings as it is with most people, there is a limitation. But I think that homosexuality is in another way limited, because the human race is designed to have families, to procreate. This is not the only aim of the bond between men and women but it is a very important factor. The possibility to have a family, to procreate children and to raise children is generally excluded from the homosexual couple, and this, I think, is a very severe limitation for these people. It need not be the **aim** for everybody to procreate children, of course, but the possibility should be there.

Q.: *So, if homosexuals want to widen their sexual interests towards heterosexuality, would you treat them?*

A.: Of course. I am looking at what their problem is, and I will try to work out the problems with them. When I offer a goal for therapy and the client agrees to try to look at it, and then we can do something. So the aims for the therapy are generally formed by consensus, a process of correspondence between therapist and client. The direction of therapy is defined by this interaction of therapist and client, and it is the client who is most important in setting therapeutic goals. The only exception

is with severely ill psychotic patients, who are so deteriorated that they cannot set their own goals or cooperate in the goal setting.

Q.: *You are saying that heterosexuality has an advantage because of the biological possibility of procreation?*

A.: Not only procreation but the opportunity of raising children, a source of enrichment in human life.

Q.: *If they adopt children?*

A.: This is not legally possible, if it were I imagine that the one-sidedness would be perpetuated. Human beings need both female and male models. A child brought up by homosexuals would not have the chance of internalizing both models. I also think, the specific loving care of a mother for her baby would not be forthcoming from most male homosexuals.

Q.: *Do you think homosexuals should be allowed to marry?*

A.: I'm not even sure that all heterosexuals should be - but in a rapidly changing society this is too complex a question to answer here. In respect to homosexual marriages, I am sceptical. But I do have the impression that problems of relationship are more severe, more discordant, more extreme than with heterosexuals. This may be due to the socio-cultural pressure. But my experience of therapy with homosexual relationships is that they are more fragile and much more complicated than heterosexual relationships. Of course this is just based on my own experience. I am not drawing any general conclusions.

Q.: *Why do you emphasize female and male parts? Don't you think there may be other criteria?*

A.: Every human being has male and female sides. To me, this seems very important. Of course, at the moment we are drifting towards a society in which the sex differences are becoming less and less clear-cut. Whether this tendency is good or not, I cannot say. But there are two different sexes among the higher mammals, and there must be a reason for it. And this reason must also apply to the human race. So a levelling of sex differences implies a profound change in human society, in human beings, in the human soul. The possibility of a sexless society has become very real with the possibility of "cloning". With

clones developed in the laboratory, you don't need the mother's womb anymore, and you don't need a prick anymore. You just procreate by means of the test tube. However, I personally think that a human society cannot function without the loving mother and the protective father, regardless of what kind of family model may develop. But this is another topic.

Q.: *What is your opinion about homosexual therapists?*

A.: I know a lot of very fine homosexual therapists, both male and female, and I do not at all subscribe to the psychoanalytic prejudice which excludes homosexuals from being trained as psychoanalysts. I had a number of homosexuals in training analysis, and with most of them I was impressed by their sensitivity, integrity and ability to differentiate their life style from that of other people. For the homosexual, there is the same major problem in therapy as for the heterosexual: that is, one has to be careful not to satisfy one's own desires, needs and life concepts in the therapy situation, and allow the client to develop in his/her own way. A seductive heterosexual therapist is not better than a homosexual one. However, for a homosexual therapist it is often more difficult to find a balanced and satisfying private life situation - not only a sexual one - which is a sound basis for professional equilibrium. This is due to the socio-cultural difficulties and discriminations, and this might render the situation for him/her more complicated. Moreover, he/she will have to deal with the problems of concealment and self-disclosure. The latter may create problems for some clients which will need dealing with. However, I don't see any major difficulties which cannot be dealt with by a homosexual therapist with professional skills and integrity. You have to look at the person as a whole and this is all that counts.

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