Lesbianism: A Study of Female Homosexuality

David H. Rosen, M.D.

FOREWORD

THE FUNDAMENTAL QUESTION to which Dr. Rosen address himself in this book is a very timely one: Is female homosexuality a psychiatric disorder or a way of life? The book appears at a time when the American Psychiatric Association is engaged in an intense controversy on the issue of whether to delete homosexuality (male and female) from the Diagnostic Manual of Psychiatric Disorders. The author is firmly on the side of those who recommend deletion and uses his review of the literature as well as his own study of twenty-six lesbians to support his position; thus, he joins a distinguished group of psychiatrists and behavioral scientists who believe that the mental health professions should no longer continue to use their power in stigmatizing a large sexual minority and, by doing so, contributing to the social and psychological problems of the individuals involved.

This slim volume is a much needed contribution to the small but increasing number of empirical studies of lesbians, a subject too long ignored by behavioral scientists. Its primary value, in my opinion, resides in the comprehensive critical review of the literature, and in the detailed presentation of the individual case studies. It is rewarding and illuminating to read each individual case study and Adjective Check List analysis. It is good that the author has included not only the group mean profile of the Adjective Check List, but the individual profiles as well. Mean profiles obliterate individual differences. Most striking is the fact that, with one exception, the mean profile is within normal limits; however, the exception, Counseling Readiness, is well above normal limits. The author notes this fact but minimizes it. It is important to note that a high score on Counseling Readiness indicates that the subjects “tend to worry about themselves, feel left out, are unable to enjoy life to the fullest extent and are unduly anxious”. However, an examination of the individual profiles indicates that this high mean score is not typical of all individuals and therefore does not characterize the group as a whole. Some individuals, perhaps half, score well within normal limits or below, while the remainder score very high. Hence, the high group mean.

The foregoing observations on Dr. Rosen’s data and the conclusions he draws from them lead me to comment not only on his research but on the current state of research on the issue of homosexuality as an alternative life style, or a psychiatric disorder. As scientists-clinicians in the behavioral sciences, we are often caught in the humanist-citizen vs. scientist (faithful to the specific data) dilemma. No one who has been privileged to know responsible, reliable, productive, well-functioning homosexuals, and to know the savage, socially repressive measures of which they are victims, can stand aloof from their struggle to shed the shackles and become first-class citizens. But we must find a way to be faithful to both commitments. As I see it, the way, the solution to the dilemma, is to be faithful to the data, not to over-generalize, but to report accurately, and to interpret accurately whatever the data permit or demand. There may be times when we have no scientific data for our humane action. When Pinel ordered the inmates of “insane asylums” in Paris to have their chains unshackled, was there any scientific
evidence buttressing his command? No. Only his own humane conscience. But we in the twentieth century, not only have humane considerations, but scientific evidence in Dr. Rosen’s book, and the accumulated body of literature, indicate about the issue of homosexuality as a psychiatric disorder vs. an alternative life style?

In all of the research studies, including Dr. Rosen’s, a significant proportion of individuals in the particular sample function extremely well, without evidence of any psychiatric symptoms, but there are also a number of individuals (varying with the sample selected) who show symptoms of neurotic anxiety and other dysfunctional or maladaptive disturbances. What seems clear is that it is not inherently a psychiatric disorder (although psychiatric symptoms may be associated with it in some cases, just as with heterosexuality) and that it can be, and is, in many instances a healthy life style. The critical question which should be answered by further research is: what variables in personality, developmental history, and the cultural milieu of the individual lead to a healthy vs. a non-healthy homosexual pattern of life? Thus, while in complete agreement with Dr. Rosen that homosexuality as a diagnostic category should be deleted from the Psychiatric Manual, I hope that a careful reading of this book will lead other investigators to design studies which help to answer this question.

Evelyn Hooker, Ph.D.
Clinical Professor of Psychology
Department of Psychiatry
University of California
School of Medicine