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There is No There There: A Discussion of “Narcissism and Self-Esteem Among Homosexual and Heterosexual Male Students”

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“Narcissism and Self-Esteem among Homosexual and Heterosexual Male Students,” states as its aim:

Acknowledging the changes both homosexuality and narcissism went through, the present study aims at empirically reviving the discussion about the association between these two phenomena. Based on the Freudian assumption that homosexual individuals develop on a narcissistic basis and look for a young man who resembles themselves, the hypothesis of this study predicts that their level of narcissism would be higher and level of self-esteem would be lower compared to their heterosexual counterparts. (Rubinstein, this issue).

Putting aside this study’s poor experimental design, what is the purpose of doing research to revive a theory that few in the scientific community—or even in the psychoanalytic community—would accept? Are there still centers of scientific learning where “orthodox psychoanalytic theory” and its theorizing about homosexuality is taken seriously? As Alan Stone (1997) noted more than a decade ago:

As academic psychology becomes more scientific and psychiatry becomes more biological, psychoanalysis is being brushed aside. But it will survive in popular culture, where it has become a kind of psychological common sense, and in every other domain where human beings construct narratives to understand and reflect on the moral adventure of life. One token form of empirical evidence for this proposition: a computer search of Harvard course catalogs for classes whose descriptions mention either Freud or psychoanalysis turned up a list of 40, not counting my own

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two courses. All of them are in the humanities, particularly literature; no course is being given in the psychology department, and next to nothing is offered in the medical school.

As confirmed by reports in the *New York Times* 10 years later (Cohen, 2007), Stone's account on the declining currency of psychoanalysis has sadly proven prescient. Nobel Prize winner Eric Kandel (1999), a scientific researcher who attaches value to analytic treatment, has sounded a clarion call for a more scientifically based psychoanalysis. Some segments of the analytic community are seeking to find some empirical basis for the theoretical conjectures and clinical efficacy of psychoanalysis. More recently, Milrod et al. (2007) brought psychoanalytic research into the 20th century, albeit only in the first decade of the 21st century, by developing and publishing a manualized approach to the psychodynamic treatment of panic disorder.

Many contemporary psychoanalysts are heartened by these efforts. Yet there are significant obstacles to change. Leading voices in the field still debate whether psychoanalysis should be regarded as a science or a hermeneutic discipline that properly belongs among the humanities (Stone, 1997). Further, not all psychoanalysts are enamored of efforts to manualize psychoanalysis (D'Ercole, 2007). Hoffman (2007) even argues for the analytic case report as a legitimate form of scientific inquiry and that such data deserves to be accorded the same status and respect as controlled studies. I would agree that anecdotal reports provide a basis for further study. Hoffman, however, begs the question of who takes responsibility for providing any scientific synthesis of an endless accumulation of anecdotal reports?¹

This lack of meaningful scientific synthesis can be readily demonstrated in the PEP-WEB (<http://www.pep-web.org/>), a psychoanalytic database of 29 journals from the U.S. and other countries, starting with those that began publication in the 1920s and including all extant journals up to the year 2007. A word search of PEP-WEB turns up hundreds of references to gastric and peptic ulcers—once considered a psychosomatic illness. Yet a word search for *Helicobacter pylori*, a known causative agent of ulcers since the 1980s, yielded only two references: a 1995 book review in the *International Journal of Psycho-Analysis* (Viederman, 1995) and an article by Masling (2003) stating, “Much the same can be said for the psychoanalytic belief that peptic ulcers result from psychological circumstances. It is well established now that they are caused by a bacterium, *H. pylori*, and the most effective cure is medicinal, not psychotherapy” (p. 601).

¹ Two well-regarded texts that make a stab at synthesis are LaPlanche and Pontalis (1973) and Moore and Fine (1990). However, each in its own way limits the theoretical voices heard.

Such sparse accounts of scientific findings embedded among thousands of published pages attributing psychosomatic etiologies would not enlighten a fledgling analyst about the current state of knowledge regarding the diagnosis and treatment of ulcers. In a similar vein, the PEP-WEB database offers an equally perplexing array of unproven personal opinions about same-sex feelings and behaviors embedded in the language of case histories. Undoubtedly, the same may hold true in other areas of clinical and theoretical research as well.²

The psychoanalytic literature on narcissism is a similar case in point. In their dictionary of analytic concepts, Moore and Fine (1990) state the issue succinctly: “In psychoanalytic literature narcissistic³ thus came to be applied to many things: a sexual perversion, a developmental stage (Kohut, 1971), a type of libido (Freud, 1914) or its object, a type or mode of object choice, (Freud, 1910) a mode of relating to the environment, an attitude (Freud, 1910), self-esteem, and a personality type (APA, 2000), which may be relatively normal, neurotic, psychotic, or borderline (Kernberg, 1975)” (p. 124).

In other words, since its early inception, narcissism is a term that has been infused with different meanings by different theorists in efforts to explain different things, some of which are considered normal and others pathological. Further complicating matters is a lack of shared common ground among different theorists who use the same term. Kernberg (1974, 2001), for example, has repeatedly situated his own theoretical views on narcissism as having nothing to do with Kohut’s developmental theories. Yet

² The absence of a synthesizing psychoanalytic voice is not simply due to a preference for a case history approach. Another difficulty lies in the insularity between different schools of analytic thought, not only from each other, but from nonanalytic disciplines as well (Stone, 1997). According to Lewes (1988), analysts responded critically—and at times ferociously—to the Kinsey Reports (1948, 1953) whose findings about human sexuality entered into popular awareness and challenged psychoanalytic orthodoxies of that time. Less publicized (and consequently engendering fewer analytic responses) was the work of Evelyn Hooker (1957), who demonstrated through impartially interpreted projective tests that a group of 30 nonpatient homosexual men showed no more psychopathology than heterosexual controls. None of these findings would persuade orthodox psychoanalysts to abandon their sexual theories in their ultimately self-destructive battle with the American Psychiatric Association (APA). After failing to make a case for analytic theories of homosexuality in APA’s scientific committees, psychoanalytic psychiatrists petitioned the APA to force a referendum in which the general membership could vote on the 1973 decision to remove homosexuality from the DSM-II (Bayer, 1981; Drescher and Merlino, 2007; Drescher, 2008). After that loss, orthodox analysts circled the wagons and their official organization only incorporated policies that normalized homosexuality in 1991 and 1992 after the threat of an anti-discrimination lawsuit (Isay, 1996; Roughton, 1995).

³ Moore and Fine (1990) attribute coinage of the term narcissism to “Paul Nacke in 1899, based on Havelock Ellis’s correlation of the Greek myth of Narcissus with a case of male autoerotic perversion” (p. 124).

the Rubinstein study elides over these differences—a significant omission that makes it difficult to justify exactly how the data in this study would support Freud’s early association of homosexuality with narcissism.

Furthermore, the author’s tenuous grasp of the history and epistemology of narcissism parallels a similar lack of familiarity with the history of psychoanalytic theorizing about homosexuality (Lewes, 1988; Magee and Miller, 1997; Drescher, 1998; Lesser and Schoenberg, 1999). There are many different meanings of homosexuality and many different analytic theories about its meaning. Freud’s theories of homosexuality often rely on different assumptions and motivations than the neo-Freudians cited by Rubinstein (Rado, 1940; Bieber et al., 1962; Socarides, 1978). In most cases, theories employ diverse, unidimensional constructs for purposes of theory building. In such instances, homosexuality, masculinity, and femininity, as the terms are frequently used, come across as an accumulation of projections and cultural stereotypes that conflate sexual attraction, sexual orientation, sexual identity, gender roles, and gender identity.

Many theoretical underpinnings rely upon gender binaries that appeal to “common sense” but whose foundations may disappear upon closer scrutiny (Drescher, 2007). Finally, when scrutinizing stereotypes that inform a theory’s portrayal of homosexuality, it is evident that one theorist’s “hypothetical homosexual” may have little in common with those of others (Drescher, 1998, 2002). For example, the Rubinstein study touches upon two psychoanalytic myths of male homosexuality: in narcissism’s early meaning, the homosexual is self-absorbed (Freud, 1910). In a later incarnation, the narcissistic homosexual suffers from low self-esteem (Kernberg, 1975). Some other theories—and the stereotypes that inform them—are presented in Table 1 in order of historical appearance.

The Rubinstein study’s “hypothetical homosexual” is constructed from a sample of 90 men with a mean age of 26 who self-rated as Kinsey “0’s.” They are not only young; most are affiliative: 80 subjects were recruited from gay bars and gay organizations. They are in various stages of coming out, “with 56% of the gay participants recruited [from gay venues stating] that they are still in the closet. In other words, they did not mind being recognized as gays among other gays, but did mind that among their heterosexual and family environment.” The study did not ask of the subjects how long they had been out of the closet.

The study’s author expresses surprise to have unexpectedly found an additional 10 Kinsey 6’s among the student population canvassed for heterosexual controls. Although their existence was not contemplated in the study’s original design, these subjects were nevertheless “added to the homosexual group for the sake of data analysis.” This only underscores the point that researchers hypothesize who and where homosexuals are, while real gay people are living their lives and turning up in places where researchers do not think to look for them.

TABLE 1. Underlying Stereotypes in Theories of Homosexuality

Theorist	Theory	Stereotype
Ulrichs (1864)	The <i>urning</i> has a woman's spirit trapped in a man's body; the female analog, the <i>urningin</i> , has a man's spirit trapped in a woman's body.	The homosexual is gender confused.
Krafft-Ebing (1886)	Homosexuality is the result of neurological degeneracy.	The homosexual is sick.
Freud (1905)	Homosexuality represents a deviation from the conventional heterosexual sexual object.	The homosexual is gender confused.
Freud (1910, 1920)	The male <i>invert</i> loves like a woman while the female homosexual loves like a man.	The homosexual is gender confused.
Klein (1932)	An oral fixation to the father's penis originates in the sucking stage.	The homosexual is psychologically immature.
Rado (1940)	Homosexual couples, embodied in stereotypical "butch-femme" relationships of the mid-20th century, are "maladaptive" efforts to imitate heterosexual relationships.	Homosexuals play at a second-class version of heterosexuality.
Sullivan (1953)	Male homosexuality occurs in boys who are unsuccessful in negotiating typical preadolescent same-sex activity that normally leads to adult heterosexuality.	The homosexual is a nerd or social outlier.
Bergler (1956)	Female homosexuality is a result of frigidity.	Lesbians haven't found the "right" man.
Bieber et al. (1962)	Male homosexuality is caused by close-binding mothers and hostile or distant fathers.	Gay men are mama's boys.
Wilson (1975)	The "homosexual" increases the likelihood of passing on her own DNA by becoming a "helper" who assists in caring for children of reproducing siblings. An increased number of caretakers per child increases a child's reproductive success and favors transmission of a homosexual "uncle or aunt's" genes.	Homosexual aunts and uncles are fairy godparents.
Dörner (1989)	Hormonally altered male rats are "homosexual" because they allow themselves to be mounted by other male rats who are considered "normal."	Male homosexuals are sexually submissive "bottoms."
LeVay (1991)	Male homosexuality occurs in individuals where the INAH-3 nucleus of the brain is smaller than those of heterosexual men and closer in size to those of heterosexual women.	Male homosexuality is a feminine trait.
Hamer & Copeland (1994)	Male homosexuality is caused by an extra piece of X chromosome in a man while female homosexuality arises from DNA usually associated with a Y chromosome "mistakenly" passed to a daughter.	The homosexual is gender confused.

INTERPRETING THE STUDY

The author directly states three possible interpretations of the study's data, while a fourth interpretation (not labeled as such) is embedded in the section on methodological interpretations:

The first possible interpretation is a pathologizing view once put forward by neo-Freudian analysts (Socarides, 1978) who in the study's words, identified homosexuality as a narcissistic "pursuit of pleasure, impaired frustration tolerance, and poor self-esteem regulation." Distancing himself from Socarides, the study's author notes that narcissistic pathology in his subjects might alternatively be attributed to a "lower level of self-esteem and higher level of narcissistic vulnerability, expressed by contingent self-esteem, hiding the self, and self-scarifying/self-enhancement."

The second possible interpretation is called an "environmental" view that gay men "develop narcissistic traits of personality in response to the oppressive homophobic power of the heterosexual society" and that the qualities of "egocentricity, lack of empathy, grandiose fantasy, and even exhibitionism—as characteristics of narcissism—may serve both as protest against homophobic norms of society and as a reaction to the years when homosexual automatically internalized the straight homophobic norms of society."

The third speculation is that "the visual demands and standards within the gay community force gay men to take care of their appearance to an extent that may augment, nurture, and even induce narcissism (e.g., looking at the mirror at the gym). Thus, narcissism in this aspect should be considered adaptive rather than pathological behavior to surviving within that community and achieving either a sex or a life partner." The study's conflation of narcissism as self-absorption with narcissism as a form of self-esteem is once again evident here.

Finally, "the significant negative correlations between age and both measures of narcissism among gay men in their mid to late 20's may indicate that narcissism is not a trait inherent to homosexual men but it is part of the developmental process of obtaining a gay identity. As gay men mature they may demonstrate less pathological narcissism, which is part of the coming-out process, and show more self esteem."

The speculative interpretations of the study's data, as well as its lack of connection with real world concerns, characterize some general difficulties in ascertaining the mental health needs of gay men in particular and of gay, lesbian, bisexual, and transgender (GLBT) populations in general (Wolitski, Stall, & Valdiserri, 2008; Drescher, 2009). Since the 1973 removal of homosexuality from the *Diagnostic and Statistical Manual (DSM)*, there has been a gradual shift in efforts by mainstream mental health professionals from either trying to find out what "causes" homosexuality or to "cure" or "prevent" it. The shift in focus has been to determine the mental health needs

of gay patients (Cabaj & Stein, 1996; McCommon et al., in press). Yet it is difficult at this time, to state with scientific accuracy what those needs are as research efforts to better understand, determine, and prioritize the mental health needs of gay patients have been and continue to be hampered by the absence of centralized public health approaches.

Among the factors that currently affect scientific research about GLB populations are sample bias, social invisibility, subgroup differences within GLB populations, the problem of distinguishing behaviors from identities, the stigma associated with homosexuality, and political opposition to sex research. More research is needed and insofar as they might offer suggestions for clinical interventions, I believe that studies measuring self-esteem in gay men constitute a meritorious research activity.

However, efforts to link homosexuality to psychoanalytic theories of narcissism seem out of touch with more pressing clinical and social realities. In contrast, in a recent study that also touches upon issues of self-esteem, Ryan, Huebner, Diaz, and Sanchez (2009) found GLB adolescents growing up in families who did not accept them as gay were times more likely to be suicidal, 5 1/2 times more likely to be depressed, and 3 1/2 times more likely to use illegal drugs when compared to kids whose families were more accepting. Kids from rejecting families were 3 1/2 times more likely to report having engaged in unprotected sexual intercourse. Higher rates of family rejection were significantly associated with poorer health outcomes.

The Ryan study can have an impact on developing social policies and healthcare interventions which may improve the quality of gay people's lives. Would evidence of a link between homosexuality and narcissism serve to enhance gay men's mental health? If so, how?

Unfortunately, Rubinstein's study does not ask or answer any of these questions. Perhaps the author has no interest in clinical utility. Yet while I fully support basic research for science's sake, I do not see much science here. The study's design is poor and the psychoanalytic scholarship pedestrian. The definition of narcissism is unclear and its conception of homosexuality reductionistic. Consequently, the assertion of a linkage between homosexuality and narcissism is gratuitous and meaningless. To quote Gertrude Stein, "There is no there there."

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