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## RETHINKING HOMOSEXUALITY

What It Teaches Us About Psychoanalysis

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## Rethinking Homosexuality: What It Teaches Us About Homosexuality

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This occasion marks the tenth anniversary of the American Psychoanalytic Association's historic decision to end antihomosexual discrimination in our organization and its affiliated institutes. Thus I have chosen to speak about the changing adversarial relationship between homosexuality and psychoanalysis.

This is also an incredible moment for me personally. The invitation to address you in a plenary session is directly related to what, for almost 60 years of my life, I felt had to remain a carefully guarded secret, lest it ruin my life, my family, and my career. Ironically, my being invited to speak to you here today is the direct result of my having revealed that very secret five years ago. Taking that momentous step of self-definition has given me the freedom and openness to participate fully in the breath-taking, parallel changes in our organizational life, as we rethink our concepts of homosexuality and as we fully accept gay men and lesbians as candidates and members. We have all come out of the closet, in a sense: some of us out of small personal closets of fear and shame; but collectively, as an organization, we have come out of a huge closet of fear and ignorance -- fear and ignorance that led us into isolation, rigidity of thinking, and xenophobic gate-keeping, suspicious of any who were not like us and whose inclusion would force us to think outside our narrow, exalted box. Now it is time for a new beginning.

Ten years ago -- on May 9th, 1991 to be exact -- our Executive Council unanimously approved a policy of selecting candidates for analytic training, and

appointing all grades of faculty in our institutes, on the basis of factors which are appropriate to being a psychoanalyst and not on the basis of sexual orientation (Minutes, 1991a). A year later, an amendment specified the inclusion of training and supervising analysts in the phrase “all grades of faculty” (Minutes, 1992).

In reviewing the minutes of those meetings, I discovered that, at that May 1991 meeting, the Executive Council also approved a By-law amendment removing the waiver requirement for clinical psychologists to be candidates. And at the following meeting in December, another By-law amendment was approved that removed certification as a requirement for membership (Minutes, 1991b).

Thus the nondiscrimination policy was not an isolated excursion into diversity, forced upon us by pressure from gay activists, as some have claimed. Although it did have its own distinct history, coming out of that closet of heterosexism was also one of three major changes, within one year, in the demographic profile of our membership. These changes opened the doors of the exclusive club that was the American Psychoanalytic Association – a group of certified, medical, heterosexual analysts, mostly white males with gray hair – and ushered in an era of increasing diversity and openness and democracy.

Including lesbians and gay men was part of a larger wave of change that has continued, with far-reaching results. From a professional association preoccupied with standards and gate-keeping, we have evolved rapidly into an organization that welcomes those from multiple backgrounds, while also maintaining the appropriate rigor of psychoanalytic education and practice.

I want to focus, however, on aspects of this wave of change that were particular to our rethinking homosexuality and our inclusion of gay men and lesbians in our psychoanalytic family. First, I shall briefly review the process through which we officially eliminated discrimination. Second, I shall take up the questions: How did it happen that we so wrong for so long? Why were we not able to theorize homosexuality in a way that was not based in psychopathology?

And, finally, I shall consider where we go from here as I describe some of the exciting works being written by a new crop of psychoanalytic thinkers, mostly lesbians or gay men themselves who had their psychoanalytic education during this last decade. Some of them would not be analysts today if we had not taken that important step in May of 1991.

It is a mark of our progress that the gay and lesbian perspective on sexuality is increasingly being considered unique and valuable, rather than automatically dismissed as self-serving and biased. Our theory and discourse were so thoroughly soaked in heterosexual norms and values that only the personal perspective of those who do not fit those norms may recognize the inherent bias. Much has been written about “homosexuality” -- or, to be precise, about its causes and cures -- but until recently there has been almost no attention given by psychoanalysts to the experience of growing up gay and to the normative life course of gay men and lesbians (Corbett, 1996; Lingardi, 2002).

As we now welcome these new, respected colleagues who are beginning to theorize that experience, we should pause to acknowledge the injustice and pain that we psychoanalysts created for generations of gay men and lesbians.

Unknown numbers of them were intimidated by the reality of discrimination and did not apply to become candidates; some did apply and were rejected when they revealed their homosexuality; others of my vintage made painful internal compromises to become psychoanalysts at the cost of maintaining a false front, with its blunting of authenticity and stunting of creativity.

Several years ago, I met with a group of gay psychiatrists at the APA to explain our new policy of nondiscrimination, expecting it to be received as good news. But the pain and rage in some of them who had wanted to be analysts was intense. As one man said, with barely controlled tears, "You have to understand; people's lives were affected." Yes, people's lives were affected.

Our profession was also affected. Think of the tragic deprivation that we purchased for ourselves by denying qualified people the chance to become psychoanalytic contributors, simply because they were gay. Does anyone think we ever would have advanced beyond Freud's misconceptions of female psychology if there had been no input from women analysts but only the protests from women patients, which were interpreted as resistance?

### **Organizational Changes: Getting Rid of Discrimination.**

Now let's look at how this unwritten *de facto* position changed. The American Psychoanalytic Association never had an official policy of excluding homosexual individuals. That claim eventually proved to be a hollow defense, however, because of one simple statistic: if a "known homosexual" had graduated from any of our institutes prior to 1990, it was a well-kept secret. And

yet, without some sort of exclusion, we would expect at least one hundred gay and lesbian members in a group our size. Where were they?

If there was no discrimination in selection, then there must have been intimidation that kept people from applying. An alternate explanation – that many applied and not one was qualified – is no longer credible, based on contradictory experience with an increasing number of excellent gay and lesbian candidates over the past eight years. No matter how it was rationalized, being homosexual was a *de facto* criterion for rejection that trumped any degree of excellence.

It was, of course, the dark cloud of "psychopathology" that hovered over such decisions. A homosexual applicant could always be deemed to have "too much narcissism" or "preoedipal pathology" -- or some other convenient diagnosis – to mask a decision that was based on antihomosexual bias and on a theory that defined psychic maturity as occurring only when heterosexual genital primacy had been reached. Therefore, by definition, if you were homosexual, you were not qualified. One unsuccessful applicant, as recently as 1994, told me that one of his interviewers had acknowledged being instructed by the Selection Committee to look carefully for preoedipal pathology because he was gay.

Freud did not support such thinking. In 1921 he disagreed with those who said that homosexual individuals should not become psychoanalysts. He joined Otto Rank in a letter to colleagues, saying, "We feel that a decision in such cases should depend upon a thorough examination of the other qualities" (Freud, 1921). This is exactly the position we finally adopted -- only 70 years later.

I shall come back to Freud's position on psychopathology and homosexuality. But in discussing organizational changes, it is important not to get side-tracked by the ambiguous hypotheses he made in trying to explain psychosexual development. For example in his "Letter to an American Mother" (1935) he wrote: "Homosexuality is assuredly no advantage but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development."

In one sentence, he calls it a variation of sexual function and an arrest of sexual development. But he also, unambiguously, says that it is not an illness. On another occasion, he wrote the equally unambiguous statement, "Homosexual persons are not sick" (1903). In considering discrimination, I submit that these clear, declarative statements more accurately reflect Freud's position on discrimination than all of his attempts to fit same-sex attraction into a comprehensive theory of human development.

Some critics of our 1991 decision claim, just as they did about the 1973 American Psychiatric Association's decision to delete homosexuality as a diagnostic entity, that these decisions were not based on any new scientific evidence but were in fact the result of political pressure from gay activists (Socarides, 1992, 1995). Kenneth Lewes (1988), in his detailed history of psychoanalysis and homosexuality, points out that labeling homosexuality as disqualifying pathology was never a decision based on valid scientific evidence in the first place.

But, in fact, scientific evidence sufficient to challenge the assumption of psychopathology in all homosexual individuals had been available for years (Hooker, 1957, 1965; Green, 1972). It was not new scientific data that was needed but rational thinking. After all, in overturning the tradition that no homosexual individual could be qualified, we did not assume the opposite – that all would be qualified. The decision only mandated that we evaluate for factors appropriate to being a psychoanalyst and not for sexual orientation. As with other changes in eligibility requirements, the focus shifted from eligibility of a group to suitability of an individual. If the opponents' concern was to avoid unqualified candidates, why would it not suffice to evaluate their specific qualifications for being a psychoanalyst? Why did they feel the need to exclude gay men and lesbians even when they *did* meet those qualifications? It seems so simple now.

The opposing argument, of course, derived from the basic assumption of something inherently pathological in being homosexual.<sup>1</sup> No matter how well an individual might meet every other qualification we decide an analyst needs to have, the psychopathology they assume to be associated with homosexuality would leave one unfit to function as a psychoanalyst. Furthermore, they were concerned that homosexual analysts would, in turn, not regard homosexuality in

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<sup>1</sup> Socarides has declared: "It is my belief that in all [sic] homosexuals there has been an inability to make the progression from the mother-child unity of earliest infancy to individuation. . . . This is manifested as a threat of personal annihilation, loss of ego boundaries and sense of fragmentation" (1968, p. 64); and "The homosexual, no matter what his level of adaptation and function in other areas of life, is severely handicapped in the most vital area – namely, that of his interpersonal relationships" (1972, p. 119).



their own patients as an abnormality and would fail to analyze it in them. Child analysts had a special concern about gay analysts working with children. Coloring all of the opposition's concerns were hints that gay analysts could not be trusted either to do ethical practice or to carry out unbiased research (Socarides, 1995).

Can there be more blatant examples of stereotyping and discriminating against a category of people? They took the worst of their opinions about gay people, and the pathology of their sickest patients, and generalized those problems as being characteristic of all homosexuals. And we, collectively, let it happen.

Was there political pressure involved in our 1991/92 decision? Of course there was. Resistance to change was so entrenched that it took political pressure simply to get the issue on the agenda for consideration. That is not the same as saying that the decision itself was only political and without scientific validity. The reasoning boiled down to this: some individuals, both homosexual and heterosexual, are unqualified to function as psychoanalysts; therefore, should all homosexual individuals – but not heterosexual individuals – be automatically excluded? Stripped of the cherished shibboleths of psychopathology and the dire predictions of disaster from vocal opponents, the Executive Council saw no valid reason to continue this unstated tradition of prejudice and injustice – and they voted accordingly.

Getting to that point had been difficult. Richard Isay deserves the credit for his courage and persistence in pushing for change. For years, he met strong

resistance in our leaders, who as late as 1988 declined to bring the matter before the Council for debate because there was too much opposition (Isay, 1996).

The detailed history of these years of struggle is fascinating and needs to be written at another time and place. For my purpose today, let me briefly summarize. In 1973, when the American Psychiatric Association voted to un-pathologize homosexuality, individual analysts were prominent on both sides of those heated debates. The American Psychoanalytic Association, however, did not become involved beyond passing a resolution asking the APA to delay its decision to allow more time for study (Bayer, 1987).

As society grew more accepting of sexual diversity, we found ourselves more and more out of step. Many colleagues in other mental health disciplines began to consider psychoanalysis irrelevant; informed thinkers dismissed us with hostility and even ridicule. Gay therapists strongly advised their friends not to go to a psychoanalyst for treatment.

Richard Isay began working within our organization, preparing the way for change. In 1983, as Chair of the Program Committee, he organized a panel discussion; Stanley Leavy, Robert Stoller, Richard Friedman, and Isay were panelists. For the first time, homosexuality was being discussed from perspectives other than pathology (Panel, 1983). A similar panel on homosexual women was presented the following year, with Adrienne Applegarth, Martha Kirkpatrick, Joyce McDougall, and Robert Stoller (Panel, 1984).

Isay (1996) also began working behind the scenes to get the discrimination issue brought before Executive Council. After years of resistance

and now with new, more receptive leaders in place, a vote finally took place and passed unanimously in the Council (Minutes, 1991a). The words “training and supervising analyst” had been omitted from the final wording, presumably with the hope that “all grades of faculty” would stir up less opposition to the policy. However, that omission was seen by the proponents as a covert subversion of the commitment to nondiscrimination. Isay continued his campaign to have the words included in an amended version, eventually enlisting the American Civil Liberties Union to hint at a lawsuit. In retrospect, this was unnecessary, because the amendment was moving its way slowly through the Executive Committee. But it may have quickened the pace, and the amendment was approved by the Executive Council in May 1992 (Minutes, 1992).

Many members felt that the problem had been resolved. Others realized that this was only the beginning, that a resolution would become nothing but dust-covered paper without initiatives to oversee its implementation. The Committee on Issues of Homosexuality was formed to facilitate changes in attitude and policy through consultation and education. Theoretical and clinical matters were to be addressed by the Committee on Scientific Activities, an effort that culminated last year with the book, *The Course of Gay and Lesbian Lives*, by Bertram Cohler and Robert Galatzer-Levy (2000).

Workshops for institute representatives and discussion groups open to all have been conducted at each of our meetings since 1993. Papers presenting new perspectives on homosexuality are increasingly frequent in the scientific programs. Members of the Committee on Gay and Lesbian Issues have made

consultative-teaching visits to a majority of the local institutes to work with them in individualized ways according to their needs. Informal, anecdotal information suggests that there are at least 50 openly gay and lesbian candidates in training, perhaps as many as 20 faculty members, and at least 3 training analysts.

Support from the officers has been crucial, and we have been fortunate in those who have held these positions since the 1991 decision. Although they have not always been aware of the degree of heterosexist bias, they have been willing to listen and learn from our experience. Their extraordinary support has been easily matched by warm and genuine and widespread acceptance from our members.

The contrast between the bitter struggle involved in passing the simple nondiscrimination statement in 1991 and the ease with which the Council adopted a resolution supporting same-sex marriage, just six years later, was remarkable (Minutes, 1997). And last year in a spirit of collegiality, the Council adopted the following "Position Statement on the Treatment of Homosexual Patients:"

"The American Psychoanalytic Association affirms the following positions:

- "1. Same-gender sexual orientation cannot be assumed to represent a deficit in personality development or the expression of psychopathology.
- "2. As with any societal prejudice, anti-homosexual bias negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism in people of same-gender sexual orientation through the internalization of such prejudice.

"3. As in all psychoanalytic treatments, the goal of analysis with homosexual patients is understanding. Psychoanalytic technique does not encompass purposeful efforts to "convert" or "repair" an individual's sexual orientation. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized homophobic attitudes" (Minutes, 1999).

Critics claim that this restricts their freedom to practice or that it prohibits a homosexual patient's sexuality from being explored analytically. It does not. It does say that setting out to change an individual's sexual orientation as a treatment goal is not consistent with psychoanalytic technique, and that it may be harmful. But it does not exclude the possibility that a bisexual patient, or one confused about his sexual orientation, might begin treatment thinking he is gay and, *through unbiased analytic exploration*, end up realizing that heterosexuality is after all his stronger desire. In fact, I have reported just such a case (Roughton, 2001) as an example of clinical work with homosexual and bisexual men. But my patient's realization came through exploration and self-discovery, resulting in less-conflicted feelings that allowed him more freedom to choose the marriage and family he strongly desired. It did not involve the coercion, transference manipulation, and behavioral coaching that seem to characterize so-called reparative therapy.

We have overcome discrimination. That part is finished. We are now a gay-friendly organization that embraces lesbians and gay men as candidates,

teachers, curriculum planners, supervisors, training analysts, committee chairs, editorial board members, researchers, authors, colleagues, and organizational leaders.

Yet questions linger about how we could have been so wrong for so long and about where we go from here in rethinking our concepts of sexuality. Some individual members retain their doubts about the appropriateness of it all, and more are still troubled about delinking homosexuality and psychopathology, at least in some patients. It still seemed necessary to include that first sentence in the position statement on treatment, to state: "Same-gender sexual orientation cannot be assumed to represent a deficit in personality development or the expression of psychopathology." I believe that Freud would have accepted that premise in 1905. But his followers for the most part did not, and that trend intensified after Freud's death. In the next section, I trace this development, which I call:

### **Slouching Toward Pathology.**

In the United States, psychoanalysis was far more wed to psychiatry and to medical traditions of pathology and treatment than it was in Europe (Abelard, 1993; Friedman & Downey, 1998). We were also far more embedded in a moralizing culture. I suggest that both were influential in our "slouching toward pathology." Let me show it to you as it happened.

It is not possible to give a simple answer to the question, "What was Freud's position on homosexuality?" I have discussed his opposition to discrimination. It is more difficult to get a clear sense of his thinking about the

pathological nature of same-sex object choice, because Freud was deeply committed to two different, often contradictory *Weltanschauungen*.

On the one hand, he advanced a radical notion of sexual freedom and exploded all the conventional notions of sexuality. On the other hand, he relied heavily on Darwinian thinking that placed reproduction as the proper aim of sexuality, thereby locating heterosexuality in biology (Dean & Lane, 2001). Was sexuality the province of individual pleasure or of species survival? Freud did not seem particularly concerned to reconcile these two conflicting views into one overview (Davidson, 1988; Lewes, 1988; May, 1995; Reisner, 2001).

Freud, the proponent of sexual freedom, emphasized the ubiquity of polymorphous sexual fantasy and desire – we're all bisexual and all a little bit perverse in our minds, he proclaimed – and he repeatedly referred to the difficulty of drawing a sharp line between the normal and the pathological (1905).

Freud, the evolutionary biologist, saw reproduction through heterosexual intercourse as the ultimate aim of all sexuality. Therefore, anything that deviated from that pathway did not serve nature's needs and, technically, could not then be called "normal" (Schafer, 1995). Thus, he refers to "deviations" in the choice of sexual object and to "arrested development." What he seems to be saying is that from the standpoint of nature and species survival, we do not fulfill our role if we do not participate in reproduction. But from the standpoint of the individual's life experience, he does not say that alternate sexual behavior is a disorder. And he explicitly says that, even if we call the sexuality abnormal with regard to reproduction, it is not necessarily associated with any other abnormal functioning.

Let me back this up in Freud's own words:

“Inversion is found in people who exhibit no other serious deviations from the normal” (1905, p. 138).

“Psycho-analytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of special character . . . all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious. . . .the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact” (1905, 145-146n).

“People whose sexual objects belong to the normally inappropriate sex – that is, the inverts – strike the observer as a collection of individuals who may be quite sound in other respects,” (1905, p. 148).

Freud consistently distinguishes between “inversion,” his preferred term for homosexuality, and “perversion.” In the *Three Essays on the Theory of Sexuality* (1905), he discusses them in separate sections; and in all of his writings over the next thirty-four years, I have found only four instances out of some 175 references where, in passing, he includes homosexual object choice under a comment about perversion (1910a, 1917, 1925, 1940). All four of these references were in texts where he was presenting a general overview of psychoanalysis, and in all four the emphasis was on the ubiquity of perversions, coupled with statements such as: “We actually describe a sexual activity as perverse if it has given up the aim of reproduction and pursues the attainment of



pleasure as an aim independent of it" (1917, p. 316); and "The most important of these perversions, homosexuality, scarcely deserves the name. . . . Psycho-analysis enables us to point to some trace or other of a homosexual object-choice in everyone" (1925, p. 38). There was never any indication that he had changed his thinking on this point. In reading the whole body of his discussion of inversion and perversion, it is undeniable that his distinction was purposeful and that any linking was in the context of the widest definition of perversion as any sexual activity without reproduction as its aim.

In our current thinking, separating homosexuality and perversions does make a difference – we would like to read Freud as agreeing with the distinction we make: that gay and lesbian individuals are capable of warm, intimate, whole-object, enduring relationships, while those with perversions often are compulsively preoccupied with part-objects and avoid intimate relationships. But Freud's intent was to free all sexual variations from the label of degeneracy. As odd as it may sound to our ears, accustomed to the demeaning ring of "pervert," in 1905 it was a neutral, not-yet pejorative word.

In fact, he was quite explicit about how difficult it is to "draw a sharp line to distinguish mere variations . . . from pathological symptoms" (1905, p. 161). It is only when a perversion has the characteristics of exclusiveness and fixation that we are justified in regarding it as a pathological symptom, Freud said. But he also continued to extol heterosexual genital primacy as the mark of psychosexual maturity. This, of course, does add doubt to Freud's thinking with regard to pathology (Lewes, 1988). However, I believe that Freud's open-minded, ever-

evolving quest for understanding would have led him to our current view -- long before we got here. I will say more about this "Post-Freudian Freud" later.

In his later writings on homosexuality, Freud sought various explanations for how development might lead to a same-sex choice (1910b, 1911, 1918, 1920). That is what caught the interest of his followers, whose contributions became increasingly concerned with further elaboration of pathology and treatment. Freud's radical message of sexual liberation began to fade into the background of American moralism, medical diagnosis, and zest for cure.

Several writers have observed the emergence of this trend following Freud's death in 1939 (Lewes, 1988; Abelow, 1993), and it is true that the decades of the 1940s through the 1970s were marked by papers with case reports illustrating various life stories of homosexual patients, trying to draw conclusions about the pathological origins. Surprisingly quickly, the word "inversion" disappeared from use and homosexuality became just another one of "the perversions," a term which was now loaded with pejorative connotations. By 1964, Glimpse could refer to "the old distinction which was once drawn between 'perversion' and 'inversion'" (p. 203).

The extent that Freud's death was a determining factor is speculative -- was it the loss of his moderating mind and authority, or rebellion against that now silenced authority? American analysts, in particular, had felt the sting of Freud's disapproval for letting their moralism influence their analytic practice (Abelow, 1993). The twin factors of moralistic disapproval of sexual freedom and a medical model of diagnosis and treatment would likely have impelled them

toward a greater emphasis on pathology and treatment (Hale, 1995). In addition, the post-war macho spirit of winning wars may have added to the unbridled optimism about curing conditions formerly seen as untreatable.

In 1940 Rado challenged Freud's theory of universal bisexuality and began to theorize homosexuality from an adaptational, medical model which explained homosexuality as representing an incapacitating fear of the opposite sex (1949). Rado was influential with Beiber (1962), who declared that "All *psychoanalytic* theories assume that adult homosexuality is psychopathologic" (p. 18) and that "By the time the [homosexual] son has reached the preadolescent period, he has suffered a diffuse personality disorder" (p. 316). Two of Rado's students continued his work on homosexuality. Ovesey (1969) recommended treating this incapacitating fear of the opposite sex as any other phobia, while Socarides (1968) saw homosexuality not just as an illness but a very serious illness: "All homosexuals suffer from a severe degree of psychic masochism . . . [and] severe ego deficits" (1968, pp. 64, 67). He located the origin of "obligatory homosexuality" in preoedipal conflicts in the separation-individuation phase. Socarides formed his opinions based on patients with severe character pathology and psychoses, but he repeatedly slips into attributing their characteristics to all homosexual individuals (1968, 1993).

Bychowski (1956) described persistent archaic features of the ego and primitive defenses of splitting, denial, and narcissistic withdrawal as being of paramount importance in the genesis of homosexuality. Kolb and Johnson (1955) said that the therapist must be prepared to discontinue treatment until the

patient is willing to give up the self-destructive homosexual behavior and face the consequent anxiety and rage.

There was also a trend toward pejorative public statements by psychoanalysts. Among the worst from one of our members was this from Edmund Bergler in 1956: "I have no bias against homosexuality . . . [but] homosexuals are essentially disagreeable people . . . [they show] a mixture of superciliousness, false aggression, and whimpering. . . . they are subservient when confronted with a stronger person, merciless when in power, unscrupulous about trampling on a weaker person . . . You seldom find an intact ego . . . among them" (pp. 26-29).

Now let me give you a detailed example of this "slouch toward pathology" in a close parallel reading of three texts: (1) a paragraph from Freud's *Three Essays* (1905); (2) a selective quoting from that paragraph by Wiedeman at a 1959 panel discussion of homosexuality (1962); and (3) the published report from that panel written by Socarides (Panel, 1959). Thus we have Freud's statement, Wiedeman's version of what Freud said, and Socarides' version of what Wiedeman said Freud said.

In Freud's *Three Essays* (1905), Section 3, the subject is perversions. Inversion had been discussed in a previous section. Freud spends several paragraphs explaining that what might be called perversions are rarely absent as extensions to the sexual lives of normal people and that it is an insoluble problem to draw a sharp distinction between mere variations and pathological symptoms.

Quoting Freud: “In the majority of instances the pathological character in a perversion is found to lie not in the *content* of the new sexual aim but in its relation to the normal. If a perversion, instead of appearing merely *alongside* the normal sexual aim and object, and only when circumstances are unfavorable to *them* and favorable to *it* – if, instead of this, it ousts them completely and takes their place in *all* circumstances – if, in short, a perversion has the characteristics of exclusiveness and fixation – then we shall usually be justified in regarding it as a pathological symptom” (1905, p.161).

Have you ever heard Freud being more cautious? He goes to great pains to limit the pathological concept of *perversions* . It’s not the content but the relation to the normal; and it has to completely take over in *all* circumstances, and then “we shall *usually* be justified . . .” Again, let me remind you that he is talking about perversion, not inversion or homosexuality.

Here is Wiedeman’s summary of that paragraph (1962): “Discussing the variations of sexual behavior, Freud stressed the difficulty of drawing a sharp line between the normal and the pathological, but ‘If . . . a perversion has the characteristics of exclusiveness and fixation, we shall be justified in regarding it as a pathological symptom’ (Freud, 1905, p. 161)” (Wiedeman, 1962, p. 399).

He does state the difficulty of drawing a sharp line between the normal and pathological, but gone are all of Freud’s cautious limitations. The tone shifts from Freud’s reluctance to diagnose pathology to permission to do so. And he

omits Freud's "usually" and says simply "we shall be justified." As I read it, this is a definite tilt away from Freud's attitude. The exception has become the rule.

Now here is Socarides' published report of Wiedeman's presentation: "Freud emphasized the difficulty in drawing a sharp line between normal and pathological behavior [sic] but stated that in cases where exclusiveness and fixation are present we are justified in calling homosexuality [sic] a pathological symptom" (Panel, 1959, p. 555). Here Socarides shifts from "the normal" and "the pathological" – a somewhat more abstract concept – to "normal and pathological behavior;" and, most significantly, he changes "perversion" to "homosexuality."

This is one small example, but it will suffice to make the point that something was operating to move psychoanalytic discourse about homosexuality in the direction of pathology. As Owen Renik said in a recent internet discussion on another subject, "Any theory can be bent to an analyst's personal purposes."

I shall not pursue that direction any further but turn now to the heroes of this narrative, whose efforts gradually began to turn this lumbering battleship around. In addition to their work supporting the APA decision in 1973, both Judd Marmor (1980) and Robert Stoller (1985) challenged *a priori* assumptions about psychopathology. An early paper by Frank Lachmann (1975), one by Stan Leavy (1985), and two by Stephen Mitchell (1978, 1981) attracted little attention from psychoanalysts because of the journals in which they appeared, but in retrospect they constitute landmark contributions.

Isay's panel at our 1983 meeting was another landmark. In 1988, two invaluable books appeared: Kenneth Lewes' *The Psychoanalytic Theory of Male Homosexuality* and Richard Friedman's *Male Homosexuality: A Contemporary Psychoanalytic Perspective*, followed a year later by Isay's *Being Homosexual: Gay Men and Their Development* (1989). The 1990s ushered in an avalanche of new perspectives, far too many to catalog here. At the risk of excluding the many, however, I want particularly to acknowledge important contributions to our newer thinking about clinical work with gay men by Richard Isay (1996), by Jack Drescher (1998), and by Martin Frommer (1994, 1995); and about clinical work with lesbians by Maggie Magee and Diana Miller (1997), by Eleanor Schuker (1996), and by Jennifer Downey and Richard Friedman (1996). Related work on redefining gender by Ethel Person (1999), by Nancy Chodorow (1992, 1996), and by Jessica Benjamin (1996) have been important parallel advances.

What are the lessons to be learned from these decades of our discontent?

First: I agree with those who say that politics should not determine our science (Socarides, 1992). However, when rationalized prejudice has entrenched bad science and bad psychoanalytic practice as our tradition, then some pressure may be the only way to gain an opportunity for the re-examination of unsound premises that are causing injustices.

Second: We were all complicit through our silence. I know that many analysts quietly went about working in a respectful and helpful way with gay and lesbian patients. But, for decades too long, we allowed certain voices to speak

for psychoanalysis and declined to challenge them or even simply to argue a different point of view.

Third: The case study method has serious flaws as data for theory formation, particularly when we ignore contradictory data from systematic studies of non-patient populations.<sup>2</sup> It is far too easy to be swayed by co-existing pathology in a few patients and then to generalize their characteristics as inherent in the category to which these patients belong. Reasoning then becomes circular. Given the subjective nature of our work, it is always possible to extract something from the complex clinical material to confirm an idea that you have. And as one gains a reputation for work with a certain type of patient, one's practice tends to become more and more selective and less representative – not an insignificant factor when experienced psychoanalysts derive opposite conclusions from their own clinical practices. Of course, clinical experience counts, but making the same mistake with a thousand patients does not make you right.

Fourth: Freud was wrong on one count. He said that only physicians who practice psycho-analysis "can have . . . any possibility of forming a judgment that is uninfluenced by their own dislikes and prejudices" (1905, p. 133). I do not believe that he would not say that today. This story of homosexuality and

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<sup>2</sup> Evelyn Hooker's landmark study (1957), showed no significant differences in the psychological profiles on projective testing of non-patient homosexual and heterosexual men. Bieber, et al (1962) did not regard this as useful data but concluded instead that, because the findings were at variance with their own clinical studies, the testing methods "are inadequate to the task of discriminating between homosexuals and heterosexuals" (p. 306). Socarides (1993) also debunked Hooker's work as methodologically unsound, without citing specific flaws.



psychoanalysis is a bitter example of the fact that psychoanalysts are not free of prejudice and stereotyping. We created “the homosexual patient” (Young-Bruehl, 2000) defined only by the sexual aspect of lives and the pathologies we decided were inherent in that deviancy. We failed to distinguish between sexual orientation and the sexualization that some patients manifested in treatment.<sup>3</sup>

The lesson we should remember is this: knowing a person’s sexual orientation tells us nothing about his mental health, his capacity for intimate relationships, his honesty and integrity, his analyzability, or even whether his interests and habits are more likely to fit masculine or feminine stereotypes.

Fifth: we isolate ourselves from related fields, and from evolving cultural ideas, at our peril. We are beginning to catch up, as I shall show in my next section; but much of the transition work on homosexuality and gender was done by psychoanalysts outside the American Psychoanalytic Association and published in journals other than those we traditionally relied on.

Sixth: when observations do not fit our theory, we should re-examine the theory, as Freud continually did. Instead, with homosexuality, we held fast to the idea that one could not be both homosexual and emotionally mature; and we used observations from patients with concomitant severe pathology to confirm that theory. This, incidentally, is one of the most salutary results of our accepting gay and lesbian candidates. Many of our colleagues have said that, until they

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<sup>3</sup> I am not assuming the lack of sexual pathology or character pathology in homosexual individuals, who may have borderline pathology, phobias, depression, compulsive sexualization, or perversions just as frequently as their heterosexual siblings. I am suggesting that we *begin* with the assumption that psychopathology and sexual orientation are separate and independent dimensions – in both heterosexual or homosexual individuals.

encountered these bright, capable young colleagues, they had never known – or never knew that they knew – any gay people except as patients.

### **New Beginnings and the Post-Freudian Freud.**

It is time for a new beginning. We spent the past decade trying to narrow the perceived differences between gay analysts and straight analysts. “See, we are more like you than we are different, and we are worthy of a chance to prove ourselves.” However, now that we are accepted and securely attached to the psychoanalytic family, we can begin to look at the important differences and the ways in which our theories and our clinical understandings need to change.

I want to call your attention to a growing body of papers written from a new perspective on homosexuality. The topics vary, but they have in common a rethinking of gay and lesbian experience, and they offer alternative understandings of what had previously been regarded only as pathology. An example is Isay’s (1989) reinterpreting the meaning of a distant relationship between a father and his homosexual son – a shift from viewing the distance as the cause of the son’s homosexuality to viewing the distance as the result of the father’s discomfort with his son’s differentness.

Many of these papers coalesce around questions of development: What is the normative developmental process of a boy or girl who is going to grow up to be gay or lesbian? Until very recently, people did not “grow up gay.” They grew up defective. Do we dare speak of “homosexual genital primacy?” What is the oedipal configuration of a child with two parents of the same gender? And how does it differ if the parents are both women or both men – and if the child is

of the same or different gender? Can we define masculinity other than as the absence of feminine traits?

Ken Corbett has written a series of papers (1993, 1996, 2001a, 2001b), working toward a revision of developmental concepts to address just such questions. Look for two new papers from him later this year, in *Psychoanalytic Dialogues* and the *Psychoanalytic Quarterly*. His fresh insights challenge our received wisdom about development, about the meanings of masculinity, and about growing up in a non-traditional family.

Scott Goldsmith (1995, in press) rejects the notion of a “negative oedipal” explanation for the homosexual boy, suggesting instead that this configuration is the normative experience for the homosexual boy and should be considered his positive triangulation experience. To avoid confusion of terms, he suggests calling it the Orestes model, after the Greek figure who murders his mother to avenge the death of his father. That paper, which will be appearing in the *Journal of the American Psychoanalytic Association*, is far richer in ideas than my brief summary conveys.

Richard Friedman and Jennifer Downey (2001) have also been rethinking our traditional assumptions about what is the crucial element in the phase we refer to as oedipal. They, along with others, are suggesting that the complex developmental experience of triangulation may actually be independent from an erotic, incestual desire.

Sid Phillips (in press) is making a major contribution to our understanding of what it is like to grow up gay in a world that was designed for someone else.

He explores the overstimulating effect on the gay teenage boy of constantly being in situations, like locker rooms, where he can neither avoid his sexual feelings nor acknowledge them. An unsuspecting society thinks it is avoiding just this kind of problem by not allowing co-ed locker rooms, but for those attracted to their own gender, they have created just the opposite. Phillips discusses the adaptation the gay boy must make to this kind of overstimulation, which may lead to the massive suppression of feelings and to isolation and shame. This paper will also appear in the *Journal of the American Psychoanalytic Association*.

Paul Lynch's paper presented at our meeting in 1997 describes the complicating factor in the love life of some gay men that results in the same splitting of tender and sexual feelings that Freud described for heterosexual men.

Bert Cohler (Cohler & Galatzer-Levy, 1999; Cohler & Hostetler, in press) has conducted a series of interviews with middle-aged gay men and women, tracing the course of their sexual lives and relationships over their life course. His findings require that we rethink our concepts of just how fluid are what we call sexual orientation and sexual identity in gay men and women.

Using Judith Wallerstein's method for studying factors that lead to long-lasting heterosexual marriages, Lourdes Henares-Levy surveyed 50 same-sex couples that had been together for comparable numbers of years. Her results were strikingly similar to Wallerstein's: the same factors seemed to contribute to lasting same-sex relationships in both heterosexual and homosexual couples (unpublished study).

Elisabeth Young-Bruehl (2000) has challenged the psychoanalytic stereotyping of “the female homosexual;” and both she (1996) and Donald Moss (1997) have added to our understanding of homophobia in group behavior and as internalized homophobia in gay and lesbian individuals.

Dennis Shelby presented a paper on homosexual cruising at the December 2000 meeting of the American Psychoanalytic Association. Using provocative clinical material, he sheds a different light on a phenomenon that psychoanalysts have denigrated as evidence of a chaotic life-style, the acting-out of compulsive and hopeless searching in the wrong place for the wrong thing (Socarides, 1995). Shelby shows this to be an example of our confusing sexual orientation with sexualization, and he suggests that we de-emphasize the sex and emphasize the needs of the self that is searching. “Attempting to explain the sexual behavior threatens to take us away from the needs of a self that is lost, and needing to be found” (p. 8).

Susan Vaughan (1999) tackles a somewhat novel clinical experience – the emergence of heterosexual fantasies in a lesbian woman. Rather than seizing this as an indicator that her patient might become heterosexual, Vaughan kept an open-minded analytic curiosity about the meaning. It soon became apparent that this was defensive heterosexual fantasy arising at a time when a deepening commitment to her female partner was threatening her sense of autonomy.

We need a new theory of development, and we need enlightening clinical experience over time that conceptualizes the experiences of gay men and lesbians apart from pathology. I realize that such a major undertaking cannot

simply be willed into existence; it must evolve gradually over time, and I believe that we are now well into that process. This rethinking opens the field to exciting new prospects for our understanding, not just homosexuality, but the basic tenets of psychoanalysis itself.

I have made reference to “The Post-Freudian Freud.” Several new papers call for a new conceptualization of sexuality itself. Returning, interestingly, to Freud’s *Three Essays*, they find that his work anticipates many of the current critiques being articulated by post-modern philosophers. What Freud actually showed in this seminal work was that sexuality is not essentially linked to procreation. Although he did tread both the sexual freedom path and the evolutionary imperative path, and although his followers ignored the first and elevated the second – still Freud is being returned to by our academic colleagues as the champion of freedom of sexual desire. They find in him a compatible resource for challenging ideas of the categories and meaning of gender, sexual orientation, and varieties of sexual experience.

While we usually refer to the 20<sup>th</sup> Century as “The Freudian Century,” it may very well be that he has an influential place in the latest thinking here in the 21<sup>st</sup> Century as well. Hence, “The Post-Freudian Freud.”

Let me sum up and conclude. We have completed a decade of changing our organizational policies out of fairness, enlightenment, and indeed in self-interest, because excluding a significant portion of potential analytic minds has hurt us as well as affected the lives and careers of so many.

The decade ahead offers the tremendous opportunity and responsibility to rethink and to rewrite our theoretical understandings of sexuality – not just homosexuality, but sexuality. That task is already underway, but this is a fitting point to say that we are leaving behind one struggle for unbiased community and welcoming the intellectual struggle to redefine what we mean by sexuality.

At this juncture, I am reminded of Philip Roth's wildly funny and profoundly human novel, *Portnoy's Complaint*. The structure of the novel is that of Alexander Portnoy talking to his analyst – the ever silent Dr. Spielvogel. The patient talks on and on and on about his miserable life, his guilt, his obsessions, his sexual hangups, his outrageous actions – and most of all about his horrible, guilt-inducing, but lovable, mother. Lying on the analyst's couch, speaking to his mother *in absentia*, he moans: "Where did you get the idea that the most wonderful thing I could be in life was *obedient*?" (p. 125).

After a 274-page crescendo, culminating in a climactic eruption of rage and guilty self-flagellation, Portnoy's complaint seems finally spent. Dr. Spielvogel, who has not yet spoken a word in the entire novel, quietly utters the last line in the book, "So . . . Now vee may perhaps to begin. Yes?" (p. 274.)

Freud gave us the pattern for an expanding, not a constricting, view of pleasure and sexuality; and he set the example for a concept of psychoanalysis as an ever-evolving exploratory enterprise. So, here at the end of one decade of discontent and the beginning of an exciting decade of discovery, I think I hear the wise Dr. Freud leaning forward and softly saying to us: "So. Now vee may perhaps to begin. Yes?"

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