

### **III Role Sheets:**



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Many thanks to my students over the years, who have edited and contributed to these roles sheets.





# 1 *George W. Albee, PhD*

Starting Credibility: 5

## 1.1 *Your Biography*

You are George W. Albee, Clinical Psychologist and thorn in the side of Psychiatry. You were born in St. Mary's PA, but attended Bethany College in WV as an undergraduate. You served in the Air Force from 1943–1946, after which you started graduate school in Clinical Psychology at the University of Pittsburgh. After receiving your PhD in 1949, you joined the Western Psychiatric Institute as a Research Associate, where you worked until 1951.

In 1951, you joined Harry Harlow's wife and two others as the staff of the APA. During that time, not only did you come to understand the inner workings of this vast organization, but you actually drafted some of the committee structures. In 1953, you won a Fulbright grant to spend a year teaching Psychiatry at Helsinki University, Finland. When you returned to the States in 1954, you accepted an Associate Professorship at Western Reserve University in Cleveland, where you still teach.

In the 1950s, you chaired an APA taskforce on resources available for mental health professionals. This taskforce culminated in your book *Mental Health Manpower Trends* (1959), which made clear the need for proactive, preventative mental health needs rather than the traditional reactive psychoanalytic approach.

Your service to the APA is nothing short of astonishing. In the words of a close friend:

"He served at various times as program chair of the APA annual convention; as a participant in the Miami, Chicago, Vail, and Utah clinical training conferences; as a member of the Board of Professional Affairs and the Ethics Committee; and (on numerous occasions) as a member of the Council of Representatives. He was president of Division 12 (Clinical) in 1966–1967 and [item removed for game coherence]. He has also served on and chaired innumerable APA committees, including the Commission on the Composition of Council that established the current voting system that guarantees one vote per person. "

In 1964, you wrote “A declaration of independence for psychology,” which called for psychologists to withdraw from psychiatric facilities and set up their own centers for treatment of individuals with mental problems.

More recently, you have started worrying publicly that the ‘medical model’ of mental life in terms of ‘health’ and ‘illness’ is lacking. Your 1969 paper “Emerging concepts of mental illness and models of treatment: The psychological point of view” articulates your view on this matter:

The ‘sickness model’ assumes three things that are not true of mental disturbances or disturbed behavior:

1. that mental conditions are separate, discrete mental illnesses each of which has a separate cause, prognosis and treatment,
2. that treatment of these conditions is the sole responsibility of a specially trained ‘physician’ and
3. that the source of the disturbances are to be found in the individual, rather than in the world, thus focusing all ‘treatment’ effort on the individual rather than the social conditions which may give rise to his or her disturbed behavior.<sup>1</sup>

<sup>1</sup> Summarized from Albee (1969), p. 42–43.

Your life-long commitment to preventative therapy has caused you to butt heads with defenders of the older way of doing things on various occasions. Your work is typified by three basic trends:

1. the independence of psychology from psychiatry and biology,
2. the inappropriateness of the illness model for mental and emotional disorders, and
3. the role of social injustice and inequality in mental health—both in how social injustice causes mental and emotional disorders and how prejudices have formed mental health taxonomies and diagnostics.

According to you, mediating factors such as social support, self-esteem and healthy coping skills have a more profound effect on the incidence of mental and emotional disorders than any conceivable trauma, defense mechanism, or reaction. Echoing the medical truism that an ounce of prevention is worth a pound of cure, you believe that stamping out racism, sexism, ageism and homophobia (as well as other prejudices) would do more to alleviate mental and emotional disorders than all the psychoanalysis that all the psychoanalysts could possibly provide.

In your own words, the 1960s found you embroiled in a “continuing, often acrimonious debate with psychiatry over the inappropriateness of the illness model of mental and emotional disorder and over medical hegemony.”

## 1.2 *Game Objectives*

Find opportunities to articulate and promote your vision of psychology as an alternative to psychiatry, including the importance of preventative treatment. One obvious way to do this is to run for president as soon as possible. If you are unable to be elected President, seek a paper presentation during which you can present your vision of preventative mental health.

If and when the game gets to the point where the definition of mental illness is addressed, work with Thomas Szasz to ensure that no definition that assumes an ‘illness’ metaphor or medical model, or makes a tacit preference for psychiatry against psychology.

### *Specific Assignment*

**Initial Committee Membership** If your class is larger than 16, you’ll start as the board-member-at-large, serving from ‘71-’73.

### **Demedicalization**

Officially neutral, but the arguments from the GayPA that the classification *itself* is producing more mental illness than it prevents is consistent with your view of the inadequacy of the medical model.

### **Research**

You don’t have a strong position in the research agenda, however you should find opportunities to support any psychological science—as opposed to psychiatric science—and anything that steers away from the medical model of psychology.

### **Association Business /DSM-III**

Organize a symposium with Thomas Szasz on the suitability of the medical model for psychiatric treatment. This will be best in 1972 before the debate on the DSM-III gets moving in 1973.

There will likely be a proposal to limit the treatment of mentally disordered patients to psychiatrists, you should not only fight against it, but propose a separate system of treatment run entirely by psychologists. Your proposal should call for the establishment of various

**Committee 1 (Albee)** *Nomenclature committee Member at large on Board of Directors, 1971-1972 (large classes only)*

**Proposal 1 (Albee)** *Propose to limit psychiatric practice to the administration of drugs, not counseling or ‘talk-therapy.’ Preferably 1972.*

**Writing Assignment 1 (Albee)** *Present a paper during a symposium on the suitability of the medical model of psychological and psychiatric treatment. Preferably 1972.*

centers that would train, certify and deliver mental health services, in competition with psychiatry.

In your continued fight against Psychiatry, check out APA “Ethical Standards of Psychologists” 1968 section F on p. 446, point e, which was added in 1968. You should work to get this removed or changed so psychologists can also work with psychotropics in their practice as well.

### **Social responsibilities of social scientists**

Neutral, but take a position consistent with your vision of psychology.

### **Definition of ‘mental illness’ and fission of the APA**

Oppose any definition that uses the medical model or medical language.

#### **1.3** *Game Note:*

George W. Albee was Emeritus Professor of Psychiatry at the University of Vermont. His web page contains links to his work, and a biography, from which much of the information in this character sheet was pulled. <http://www.uvm.edu/~galbee/>. He died in 2006.

#### **1.4** *Must Read:*

##### *Primary Sources*

George W Albee. 1967. “A Declaration of Independence for Psychology”. In *The Clinical Psychologist*, ed. by Bernard Lubin and Eugene E Levitt, 136–139. Chicago: Aldine Publishing Company (included in ‘Character resources’)

George W Albee. 1970. “The Uncertain Future of Clinical Psychology”. 25 (12): 1071–1080

George W Albee. 1971. “The Uncertain Future of Clinical Psychology-Erratum”. 26 (3): 256

##### *Other Relevant Work:*

Albee G. W. 1970 “The short, unhappy life of clinical psychology.” *Psychology Today* pp 42–43, 74

George W Albee. 1969. “A Conference on Recruitment of Black and Other Minority Students and Faculty”. 24 (8): 720–723

R R Grinker et al. 1971. “Emerging conceptions of mental illness and models of treatment”. *Professional Psychology* 2 (2): 129–144

George W Albee. 1957. "Manpower Trends in Three Mental Health Professions". 12 (2): 57-70



## 2 *Anne Anastasi, PhD*

Starting Credibility: 7

### 2.1 *Your Biography*

You were born in New York, daughter of Italian immigrants, in 1908. Your father died when you were 1, after which your mother was alienated from your father's family. Since your mother had to work, you were raised primarily by your maternal grandmother and your uncle. You were home-schooled until the age of 9. As a teenager, you became interested in mathematics, teaching yourself advanced trigonometry. At 13, you dropped out of high school and enrolled in Rhodes Preparatory School, whose primary mission is to train adults who needed basic education to get accepted in college. After two years at Rhodes, you were accepted at Barnard College at the age of 15.

At Barnard, you were deeply influenced by Harry Hollingworth, chair of the Psychology department, as well as the work of Charles Spearman, an English statistician and psychologist who demonstrated that scores on most tests of mental abilities were correlated with one another, suggesting that there was a single general source of intelligence (see Spearman (1904)). You graduated from Barnard 4 years later at 19, and were granted a PhD By Columbia *one year later* in 1929.

The year that you earned your doctorate the stock market crashed, which caused the early part of your career to be defined by harsh economic times. Thanks to New Deal grants from the National Youth Administration and the Works Progress Administration (WPA), you were able to hire a few research assistants. You moved to Queens College in 1939, but felt that the administration did not fully support your fledgling psychology department. You moved again, this time to Fordham, in 1947, where you remain today.

You are often called the "test guru." Your 1954 text, "Psychological Testing," is still required reading in undergraduate and graduate psychology courses and is considered a virtual bible for the field. The book, an encyclopedic review of how tests are constructed, validated and interpreted, received wide acclaim for its lucidity and depth of

analysis. You took a special interest in the question of whether tests could be created that were free of cultural bias. In the 1960s and 70s, while some in the field championed so-called "culture fair" tests, you argued that the claim that tests could be entirely unbiased was a fallacy. You ultimately argued that, "Tests can serve a predictive function only insofar as they indicate to what extent the individual has acquired the prerequisite skills and knowledge for a designated criterion performance. What persons can accomplish in the future depends not only on their present intellectual status, as assessed by the test, but on their subsequent experience (Anastasi, 1981)."

According to you, intelligence tests can do three things:

"They permit a direct assessment of prerequisite intellectual skills demanded by many important tasks in our culture.

They assess availability of a relevant store of knowledge or content also prerequisite for many educational and occupational tasks.

They provide an indirect index of the extent to which the individual has developed effective learning strategies, problem-solving techniques and work habits and utilized them in the past." (quoted on <http://www.indiana.edu/intell/anastasi.shtml> from Anastasi, 1981).

You wrote that, "Intelligence is not a single, unitary ability, but rather a composite of several functions. The term denotes that combination of abilities required for survival and advancement within a particular culture (Anastasi, 1992, p. 613). " Your research focused on understanding and measuring the factors underlying the development of individual differences in psychological traits (Anastasi, 1972, 1989).

You argued against the idea that intelligence was strictly hereditary, emphasizing the role of experiential and environmental influences on intelligence test scores and psychological development. You stressed that intelligence test scores are not pure measures of innate ability, but that

"...not only does the nature of one's antecedent experiences affect the degree of differentiation of 'intelligence' into distinct abilities, but it also affects the particular abilities that emerge, such as verbal, numerical, and spatial abilities. Thus, experiential factors affect not only the level of the individual's intellectual development, but also the very categories in terms of which his abilities may be identified (Anastasi, 1972).

In addition to your contributions to testing, you were renowned for your studies of individual and group differences and the interplay of biology and environment in shaping personality and intellectual development. You wrote more than 150 scholarly books, monographs and articles, and are said to have brought to the issue a balanced, deeply rational perspective and an insistence on solid science. You



played a significant role in applying psychology to real-world situations, both through areas like industrial psychology and consumer psychology and in the clinical consulting room.

## 2.2 *Game Objectives*

Run for vice president in 1972, or until you get elected. Your expertise in statistics and understanding variability may come in very handy in the discussion of the ‘normality’ of sexual behavior. You wish to present paper on the topic in 1972 or 1973.

If you are elected to a leadership position, it will be important to leave a legacy that can assist other women who wish to attain positions of such stature. At the same time, you are crucially aware of the lack of serious research in either the psychological or psychiatric communities on the minds of women. Where women have been separated out for special study, the work is poor and misogynistic. As president, then, you will be keenly interested in establishing institutional infrastructure that will both advance the study of women in a non-misogynistic way and provide leadership opportunities for future women in the discipline.

Notice that the official documents of the APA, as included in the game book, are written in gender-specific language: I.B states “a nonmember of the APA may read a paper provided that he is sponsored...”. The implication here is, of course, that a female nonmember is not allowed to present. As this document is an official representation of the policies of the APA, it should be clarified to reflect the policies of the organization.

### *Specific Assignments*

#### **Initial Committee Membership**

You are an initial member of the Program committee, with your term expiring in 1973. Review the model schedule in the gamebook, and solicit proposals from your peers. You should also get the program committee to propose gender-neutral language for the guidelines, and present your proposal to the board in 1971.

**Committee 1 (Anastasi)** *Initial member of the Program committee, with your term expiring in 1973*

#### **Demedicalization**

Officially neutral, but make sure that whatever happens, the decision is made on sound science.

#### **Research**

**Writing Assignment 1 (Anastasi)**  
*Present a paper outlining psychometrics and the use of statistical measures in psychology. Preferably in concert with Spitzer’s ‘Feighner criteria’ in 1972.*

Present a paper outlining psychometrics and the use of statistical measures in psychology. This should be connected, conceptually, to the problem of the taxonomy of mental disorders. It is a good idea, then, to wait until after Spitzer presents the Feighner criteria in 1972. If elected president, it can be your presidential address. If not, it should be a regular paper.

### Association Business /DSM-III

During the time that the DSM-III revisions are taking place, you should run for president and propose two new standing committees of the APA. It is important to gain support of the other women of the APA in making these proposals.

**The Committee on Women in Psychology**, which will focus on the issues facing women in the profession, and **The Committee on the Psychology of Women**, which will focus on studying women's minds as a specialization within the discipline. From the current website of the committee on women in psychology:<sup>1</sup>

Specifically, the committee will undertake the following priority tasks

- A. collection of information and documentation concerning the status of women;
- B. development of recommendations relevant to women;
- C. monitoring the implementation of guidelines and recommendations from reports issued by APA that are relevant to women;
- D. development of mechanisms to increase the participation of women in roles and functions both within and outside the profession;
- E. ongoing communications with other agencies and institutions regarding the status of women; and
- F. monitoring current issues relevant to the lives of women in order to inform policy.

The Committee shall consist of six members who are elected for staggered terms of three years. It shall report to Council through the Board for the Advancement of Psychology in the Public Interest (BAPPI). (Approved by Council, February 2008)

#### Strategic Goals.

- Goal I: Promoting the health and well-being of women
- Goal II: Identifying and eliminating discriminatory practices against women
- Goal III: Increasing the visibility of feminist scholarship and practice

**Proposal 1 (Anastasi)** *Create the Committee on Women in Psychology, when President.*

<sup>1</sup> <http://www.apa.org/pi/women/committee/index.aspx> In reality, the committee began as a taskforce under Helen Astin in 1970, but became a standing committee in 1973. See Freedheim, D. "The APA Committee on Women in Psychology" in *Handbook of psychology*, v. 1, p. 261

Goal IV: Promoting the unique contributions of women to psychology

Goal V: Enhancing women's leadership within and outside of APA

Goal VI: Collaborating with others as needed to achieve the empowerment of underrepresented groups

Goal VII: Promoting the generation and communication of knowledge about women's lives

### As well as a new Division of the APA: the **Society for the Psychology of Women**.<sup>2</sup>

Division 35: Society for the Psychology of Women provides an organizational base for all feminists, women and men of all national origins, who are interested in teaching, research, or practice in the psychology of women. The division recognizes a diversity of women's experiences which result from a variety of factors, including ethnicity, culture, language, socioeconomic status, age, and sexual orientation. The division promotes feminist research, theories, education, and practice toward understanding and improving the lives of girls and women in all their diversities; encourages scholarship on the social construction of gender relations across multicultural contexts; applies its scholarship to transforming the knowledge base of psychology; advocates action toward public policies that advance equality and social justice; and seeks to empower women in community, national, and global leadership. We welcome student members and affiliates. Members are provided two publications: *Psychology of Women Quarterly*, which is a journal of research, theory, and reviews, and the *Feminist Psychologist*.

**Proposal 2 (Anastasi)** Create a new division of the APA called the "Society for the Psychology of Women", when President.

<sup>2</sup> <http://www.apa.org/about/division/div35.aspx> In reality, Florence Denmark is credited with creating Division 35 despite resistance from the APA administration. See Freedheim, D. "The Society for the Psychology of Women of the American Psychological Association" in *Handbook of psychology*, v. 1, p. 261 and Mendick & Urbanski (1991).

### Social responsibilities of social scientists

Officially neutral, but your advocacy for women in Psychology and the Psychology of women will influence your view.

### Definition of 'mental illness' and fission of the APA

Other than assuring non-gender specific definitions, you are neutral.

## 2.3 Must Read

### Primary Sources

Anne Anastasi. 1972. "The cultivation of diversity". 27 (12): 1091–1099

Anne Anastasi. 1967. "Psychology, psychologists, and psychological testing"

Anne Anastasi. 1945. *Differential Psychology*. Individual and Group Differences in Behavior

Anne Anastasi. 1945. *Differential Psychology*. Individual and Group Differences in Behavior

*Secondary Sources and Other Relevant Work*

C Spearman. 1904. ""General Intelligence," Objectively Determined and Measured". *The American Journal of Psychology* 15, no. 2 (): 201–292 Available on Psych Classics: <http://psychclassics.yorku.ca/Spearman/>.

Erica Goode. 2001. "Anne Anastasi, the 'Test Guru' of Psychology, Is Dead at 92". *The New York Times* ()

R K Unger. 2004. "Handbook of the Psychology of Women and Gender" (the introduction covers the founding of Division 35)

Martha T Mednick and Laura L Urbanski. 2016. "The Origins and Activities of Apa's Division of the Psychology of Women:" *Psychology of Women Quarterly* 15, no. 4 (): 651–663

## 3 *Kenneth Clark, PhD*

Starting Credibility: 10

### 3.1 *Your Biography*

You are Kenneth Clark, a psychologist, educator, and social reformer dedicated to understanding and eradicating racial injustice. You grew up in Harlem, attending the integrated schools of NY City, but attended college at Howard University in D.C. There, you met Mamie Phipps, who eventually became your wife, and with whom you authored numerous studies on the psychological damage caused by segregation and racism. You were the first African American to receive a Doctorate in Psychology from Columbia, and the first black permanent professor at City College of New York, where you still teach.

In addition to your excellent academic collaboration with Mamie, together you founded Harlem's Northside Center for Child Development in 1946, with the mission to "fosters the healthy development of children and families and seeks to empower them to respond constructively to negative societal factors including racism and its related consequences. Through comprehensive, high quality mental health and educational services, coupled with research, children and families are aided in developing to their full potential."<sup>1</sup>

In your most famous study (co-authored with Mamie), you presented four identical plastic dolls that different only with respect to color to black children between the ages of three and seven. When asked which doll they preferred, the majority selected the white doll. When asked to color in a drawing 'the same color' as themselves, most of the black children choose yellow or white crayons. You concluded that "prejudice, discrimination, and segregation" had caused the children to develop a sense of self-hatred and inferiority.

The study become something of a sensation, and it is still included in most introductory psychology textbooks. It's effects, however, were much more profound than that.

In 1950, You (Kenneth), wrote a summary of the paper for the

<sup>1</sup> Quoted from <http://www.northsidecenter.org/v4/ourmission.php>.

Midcentury White House Conference on Children and Youth. The summary was read, ultimately, by Robert Carter, who was one of the NAACP lawyers pushing the various cases challenging segregation that ultimately were consolidated into the pivotal 1954 *Brown v. The Board of Education* decision. The NAACP contracted you as an expert witness for at least three cases: *Briggs v. Elliot* (South Carolina), *Davis v. County School Board of Prince Edward County* and *Belton v. Gebhart* (Delaware).<sup>2</sup> You co-authored the summation that was ultimately endorsed by leading social scientists at the time when it went before the Supreme court.

<sup>2</sup> See <http://www.will.uiuc.edu/community/beyondbrown/brown5cases.htm>

Writing for a unanimous court, Chief Justice Warren stated

“Does segregation of children in public schools solely on the basis of race, even though the physical facilities and other “tangible” factors may be equal, deprive the children of the minority group of equal educational opportunities? We believe that it does.”

Quoting from the appellate court (which actually ruled against the NAACP), Chief Justice Warren argued:

“Segregation of white and colored children in public schools has a detrimental effect upon the colored children. The impact is greater when it has the sanction of the law; for the policy of separating the races is usually interpreted as denoting the inferiority of the negro group. A sense of inferiority affects the motivation of a child to learn. Segregation with the sanction of law, therefore, has a tendency to [retard] the educational and mental development of negro children and to deprive them of some of the benefits they would receive in a racial[ly] integrated school system.”

Whatever may have been the extent of psychological knowledge at the time of *Plessy v. Ferguson*, this finding is amply supported by modern authority.<sup>11</sup> Any language [347 U.S. 483, 495] in *Plessy v. Ferguson* contrary to this finding is rejected.

Footnote 11, which supports the central finding of *Brown*, cites your 1950 memo “Effect of Prejudice and Discrimination on Personality Development.”

In the 1896 case *Plessy v. Ferguson*, the Supreme court ruled that so long as railroad accommodations were ‘separate but equal’, the state of Louisiana was allowed to enforce racial segregation. The court reasoned that laws which kept races separated did not necessarily entail the inferiority of one to the other. Your study was pivotal in the Warren’s court rejection of that idea.

*Brown v. Board of Education* was not only a milestone in the modern civil rights movement, it also made you into something of an academic superstar. You went on to become the most influential black social scientist of your generation. You received honorary degrees

from more than a dozen of the nation's finest colleges and universities, but your larger goal of integrated, adequate schooling for blacks had not become a reality even four decades after the announcement of the monumental court decision.

In the 1960s, you helped establish the Harlem Youth Opportunities Unlimited, a project that influenced President Lyndon Johnson's War on Poverty program.

Your many books include *Prejudice and Your Child* (1955), *Dark Ghetto: Dilemmas of Social Power* (1965), and *The Negro American* (1966).

### 3.2 *Game Objectives*

As an initial member of the Research committee, you'll be called upon to judge the scientific legitimacy and ethical acceptability of proposed research programs. You should make yourself familiar with the sections of the game book titled 'A Primer on Research Methods' and 'Ethics of Human Research'. Your gamemaster will give you an additional sheet outlining the responsibilities of members of the research committee in evaluating proposals. In the first year, you are likely to get a proposal to the research committee that proposes an experiment on a child. It is vital that you prompt the committee as a whole to seriously consider the nature of 'consent' in the context of power dynamics and social inequality.

Get the APA to adopt an Affirmative Action policy to increase the number of minority psychologists and psychiatrists.

Oppose the passing of the 'Leona Tyler principle', which states:

"As citizens, members of the APA have the right to advocate for any cause through the myriad of political advocacy organizations, but when psychologists and psychiatrists speak for the profession through APA public stances and proclamations, it should be from science and professional experience.

On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement."

Get elected president. That can be before or after your symposium. You are neutral on the definition of mental illness.

## Specific Assignments

### Initial Committee Membership

- Initial member of the Research committee.
- Should become President, with the intention of opposing or reversing the Leona Tyler Principle, if it comes up.

**Committee 1 (Clark)** Initial member of the Research committee, with term expiring 1973.

### Demedicalization

Officially neutral, but your expertise in the psychological aspects of oppression should make you sensitive to the plight of homosexuals.

### Research

Your paper should use the real, historical example of the Supreme Court's Brown decision and footnote 11. You'll need to present the experiments conducted, the data collected, and the impact it had on the Supreme Court. Citations to the actual papers are attached in 'Further Reading' below. Clark's actual Presidential address is cited in 'Must Read' below.

**Writing Assignment 1 (Clark - 1974)**  
Present a paper on the role of psychology in social change, highlighting the psychological impact of oppression. If elected President, this will be the Presidential Address. If not, do it as your symposium paper in 1974.

### Association Business /DSM-III

In 1975, propose an affirmative action plan for psychology and psychiatry. Here's the real language. You should adapt it to your needs:

THERE IS a continuous need to increase the number of minority psychiatrists; the American Psychiatric Association has consistently demonstrated its commitment to the principle of affirmative action as reflected in its efforts of recruitment and training of minority psychiatrists. APA has previously developed and instituted policies recognizing and supporting the special mental health issues of minority populations; however, there are serious threats to affirmative action programs that have facilitated the following endeavors: APA reaffirms these commitments and policies by 1) issuing a public statement drawing attention to the potential deleterious effects that such threats pose to the delivery of health services to minority groups; 2) actively participating with other professional and educational groups to assure continued recruitment and training of minority candidates in medical disciplines; and 3) further exploring and developing, through its appropriate components, mechanisms to assure continued implementation of these commitments.

**Proposal 1 (Clark)** Propose an Affirmative Action plan for Psychology and Psychiatry in 1975

### Social responsibilities of social scientists

Organize, propose and participate in a symposium on the role of psychology as a mechanism of social change or more generally, on the social responsibilities of scientists, preferably in 1973. Chomsky and

**Writing Assignment 2 (Clark - 1974)**  
Organize, propose and participate in a symposium on the role of psychology as a mechanism of social change or more generally, on the social responsibilities of scientists, preferably in 1974. If you have not yet given your paper, do it as part of this symposium. If you have already given it as presidential address, use this opportunity to introduce the Affirmative Action policy you will be proposing in 1975.



Marmor may be a good choice as a co-panelist. The symposium will need a dissenting voice—you may wish to invite Leona Tyler to take part. You should present a paper on psychology's role for social good. If you are elected president, it should be your presidential address. If not, it can be a part of the symposium.

### Definition of 'mental illness' and fission of the APA

Officially neutral.

## 3.3 *Must Read*

### *Primary Sources*

Layli Phillips, Wade Pickren, and Donald Dewsbury. 2002. *Recontextualizing Kenneth B. Clark: An Afrocentric Perspective on the Paradoxical Legacy of a Model Psychologist-Activist*

Kenneth B Clark. 1971. "The pathos of power: A psychological perspective." *American Psychologist* 26 (12): 1047–1057

### *Secondary Sources and Other Relevant Work*

Kenneth B Clark and Mamie K Clark. 1939. "THE DEVELOPMENT OF CONSCIOUSNESS OF SELF AND THE EMERGENCE OF RACIAL IDENTIFICATION IN NEGRO PRESCHOOL CHILDREN". *Journal of Social Psychology, S.P.S.S.I. Bulletin* 10:591–599 [Available at psychclassics: <http://psychclassics.yorku.ca/Clark/Self-cons/>.]

Kenneth B Clark and Mamie K Clark. 1940. "SKIN COLOR AS A FACTOR IN RACIAL IDENTIFICATION OF NEGRO PRESCHOOL CHILDREN". *Journal of Social Psychology, S.P.S.S.I. Bulletin* 11:159–169 [Available at psychclassics: <http://psychclassics.yorku.ca/Clark/Skin-color/>.]

KB Clark Vill L Rev and 1960. "The desegregation cases: Criticism of the social scientist's role". *HeinOnline*

Stuart W Cook. 1957. "Desegregation: A Psychological Analysis". 12 (1): 1–13 [Presidential address at the Annual Meeting of the New York State Psychological Association, 1956]



## 4 *D. Fordney Settlege, MD*

Starting Credibility: 7

### 4.1 *Your Biography*

You were born in 1940. You became an American physician and sex therapist best known for your work on sexual function and dysfunction. Your BS is from the University of Arizona (1960) and your MD (1964) from University of California at Los Angeles.

You began your career looking at sperm motility after intercourse, but you've also been interested in the sexual experiences among teenaged girls.

You are currently working on a comprehensive overview of heterosexual dysfunction. You served as Assistant Professor, Obstetrics and Gynecology Division of Reproductive Biology at the Los Angeles County-USC Medical Center.

You were an early critic of gynecologist James C. Burt, sometimes called the 'Love Surgeon' and his involuntary surgeries on the vulvas of patients. Burt performed a number of reconstructive surgeries (perhaps hundreds) on women who had recently given birth, when they were still under the effects of episiotomy. In his words 'Women are structurally inadequate for intercourse. This is a pathological condition amenable to surgery.' In franker terms, he also said that his surgery would turn women into "horny little mice" and asserted that "the difference between rape and rapture is salesmanship." (1957, quoted in a 1988 NY Times article following his censorship by the Ohio Medical Board). You, as D. Fordney-Settlage has said, "Dr. Burt is a nice person but he is a zealot and that makes him dangerous."

During your tenure at the University of Arizona Medical Center's fertility clinic, you assisted in helping hundreds of couples with fertility issues bring babies to term. During the course of your career, a debate ensued as to whether the availability of contraceptives was promoting pre-marital sex.

You conducted a study of 500 unwed teenage girls (aged 13–17) that had sought professional help in obtaining contraceptives. Your

findings provided sound grounds to conclude that not only did the availability of contraceptives fail in promoting sexual behavior, but that a lack of contraceptive availability would not deter teenage girls from participating in sexual behavior. The study demonstrated the sexual behavior in teenage girls pre-dated the use of contraceptives, and that when available, teenage girls would make use of such options in order to prevent unwanted pregnancy, impediments to future and current education, forced marriage, illegitimacy, and abortion.

## 4.2 *Game Objectives*

Your primary objective is to get on the Spitzer taskforce to advocate for psychosexual disorders in the new taxonomy. Make certain that female sexuality is not maligned as a psychological disorder in the DSM-III or the definition of 'mental health.' Your secondary objective is to advocate for women's sexual health more broadly. You have a long-standing friendship with both Richard Green and Harold Lief.

There is very little research on women's sexuality. Kinsey's famous study causes a good deal of consternation. Even today, the issue of homosexuality seems largely to be about male homosexuality, with lesbianism hardly mentioned as an afterthought. Work with Leona Tyler in her efforts to get a Committee on Women in Psychology, and more importantly for you, the Committee on the Psychology of Women.

The issue of female sexuality has become particularly hot recently with the popularization of oral contraceptives. While most people favor contraceptives for women who are already sexually active, there is a great controversy over whether allowing young women access to contraceptives will make sexually active. You are interested in settling that question.

### *Specific Assignments*

#### **Initial Committee Membership**

No initial committee membership, but eligible to run for any.

#### **Demedicalization**

Officially neutral, but your interest in equal medical and psychological treatment for women extends to the treatment of lesbians.

#### **Research**

In 1972, propose to the research committee a study on the sexual experiences of younger women who are seeking contraceptives for the first time, based on her actual 1973 paper.

**Proposal 1 (Fordney-Settlage)** Find a compromise between Albee and Hopcke regarding the proper roles of both psychiatry and psychology.

**Research 1 (Fordney-Settlage)** Give a paper critiquing the history of psychiatric and psychological theory of sexuality as overly focused on male sexuality. Preferably 1975.

In 1975, give a paper critiquing the history of psychiatric and psychological theory of sexuality as overly focused on male sexuality. You should be specific here – the game book appendices contain the small amount of work by Freud on Lesbianism, and Krafft-Ebbing's *Psychopathia Sexualis* contains a brief mention at the very end. Jung's theories of female homosexuality are worth exploring as well. Consider how 'normal' sexual maturation has been defined in male terms, and how the explanations are inequal (i.e. compare the 'Oedipal complex' to the 'Electra complex'). This will take some work. Be specific and as thorough as you can – it will be important to consider as the DSM-III is considered.

### Association Business /DSM-III

As you straddle the fence between the MD and PhDs, the Medical doctors and the Psychologists, you are in the unique position to create a compromise between Albee and Hopcke regarding the rights and duties of the psychologists and psychiatrists in the treatment of patients in 1972.

Make certain that female sexuality is not maligned as a psychological disorder in the DSM-III or the definition of 'mental health.'

Support Leona Tyler's efforts to encourage research on women's psychology

### Social responsibilities of social scientists

Indeterminate

### Definition of 'mental illness' and fission of the APA

You are neutral on the **definition of mental illness**, so long as it isn't gendered in some tacit way.

**Fission:** Join R. Green in founding the International Academy of Sex Research if the APA breaks up.

#### Writing Assignment 1 (Fordney-Settlage)

Give a paper critiquing the history of psychiatric and psychological theory of sexuality as overly focused on male sexuality Preferably 1975.

## 4.3 Must Read

### Primary Sources

Diane S Fordney-Settlage, Sheldon Baroff, and Donna Cooper. 1973. "Sexual Experience of Younger Teenage Girls Seeking Contraceptive Assistance for the First Time". *Family Planning Perspectives* 5 (4): 223–226

Diane S Fordney-Settlage. 1975. "Heterosexual Dysfunction: Evaluation of Treatment Procedures". In *New Directions in Sex Research*, 45–65. Boston, MA: Springer, Boston, MA

*Secondary Sources and Other Relevant Work*

[http://www.museumstuff.com/learn/topics/Diane\\_Fordney::sub::Selected\\_Publications](http://www.museumstuff.com/learn/topics/Diane_Fordney::sub::Selected_Publications)

[http://www.museumstuff.com/learn/topics/Diane\\_Fordney::sub::Career](http://www.museumstuff.com/learn/topics/Diane_Fordney::sub::Career)

## 5 *John Fryer, MD*

Starting Credibility: 2

### 5.1 *Biography*

You were born in Kentucky in 1938. You were an academically talented kid who entered Medical School at Vanderbilt at the age of 19. After completing your internship at Ohio State, you moved to Philadelphia, where you still live today.

You are often described as a “large” man, both in body and personality. While others describe you as “flamboyant” and “outspoken,” you prefer “farm boy.” But you recognize that you can be combative and gruff in pursuit of your ideals. These attributes have not always made your life easy, especially since you are gay. You were forced to leave the University of Pennsylvania’s psychiatry residency program when your sexual orientation was discovered (recall that mentally ill people cannot practice psychiatry), but were able to complete your certification at Norristown State Hospital in Philadelphia.

You eventually were hired into the psychiatric department of the hospital of Temple University, where you remain. Talented in multiple things, you serve as the organist for St. Peter’s Episcopal Church in Germantown, the neighborhood of Philadelphia where you live.

You are also a member of the secret organization of gay psychiatrists who quietly met at APA meetings, known unofficially as the “Gay-PA.”

### 5.2 *Game Objectives*

Calling yourself ‘Dr. H. Anonymous’, give a talk entitled “I am a homosexual, and a psychiatrist.” during the 1971 panel discussion “Psychiatry: Friend or Foe to Homosexuals: A Dialogue” *wearing a mask*. The mask is really a bit of theater – everyone who matters knows who you really are. But you’re making a point: that mentally ill people cannot practice psychiatry. And as homosexuality is classified as a mental illness, so technically, homosexuals should not be allowed



Figure 5.1: Manuscripts and Archives Division, The New York Public Library. (1972 - 1972). *Gittings, Kameny, and Dr. H. Anonymous on panel #2* Retrieved from <http://digitalcollections.nypl.org/items/510d47e3-832d-a3d9-e040-e00a18064a99>



to practice psychiatry. But they do – many homosexuals are very good psychiatrists, including yourself. It follows, therefore, that the classification is not only unhelpful to homosexuals themselves, it is actually harming the discipline of psychiatry.

The text of Dr. H. Anonymous' speech was widely available on the internet, but as of Feb, 2011, it appears to have been removed. I'll included it below, but it is important that your speech *models* the original, not *replicates it*. You need to write this in your own words, but making arguments that are along the same lines as the original.

### *Specific Assignment*

**Initial Committee Membership** None, but eligible to run for any.

### **Demedicalization**

Strong proponent for demedicalization, member of the GayPA. Work with your fellow Gay-PA members to remove 'homosexuality' from the DSM and opposing any attempt to reintroduce any substitute classification.

### **Research**

You are keenly interested in the study "On Being Sane in Insane Places" that will be reported in 1972 or 1973. You should propose a way to replicated it in the classroom.

### **Association Business /DSM-III**

### **Social responsibilities of social scientists**

Indeterminant

### **Definition of 'mental illness' and fission of the APA**

You are neutral on the **definition of mental illness**.

**Research 1 (Fryer)** *Propose 'Mental Illness' – a classroom demonstration of the Rosenhan study. The game master has an example Mental Illness subsection B on p. GM190 in the Instructor's Manual —1974*

**Writing Assignment 1 (Fryer)** *"I am a homosexual, and a psychiatrist." during the scheduled 1971 panel discussion "Psychiatry: Friend or Foe to Homosexuals: A Dialogue"*

## **5.3** *Must Read*

### *Primary Sources*

Dr. H. Anonymous speech:

"Thank you, Dr. Robinson. I am a homosexual. I am a psychiatrist. I, like most of you in this room, am a member of the APA and am proud to be a member. However, tonight I am, insofar as in it is possible, a

'we.' I attempt tonight to speak for many of my fellow gay members of the APA as well as for myself. When we gather at these conventions, we have a group, which we have glibly come to call the Gay-PA. And several of us feel that it is time that real flesh and blood stand up before you and ask to be listened to and understood insofar as that is possible. I am disguised tonight in order that I might speak freely without conjuring up too much regard on your part about the particular WHO I happen to be. I do that mostly for your protection. I can assure you that I could be any one of more than a hundred psychiatrists registered at this convention. And the curious among you should cease attempting to figure out who I am and listen to what I say.

"We homosexual psychiatrists must persistently deal with a variety of what we shall call 'Nigger Syndromes.' We shall describe some of them and how they make us feel.

"As psychiatrists who are homosexual, we must know our place and what we must do to be successful. If our goal is academic appointment, a level of earning capacity equal to our fellows, or admission to a psychoanalytic institute, we must make certain that no one in a position of power is aware of our sexual orientation or gender identity. Much like the black man with the light skin who chooses to live as a white man, we cannot be seen with our real friends - our real homosexual family - lest our secret be known and our dooms sealed. There are practicing psychoanalysts among us who have completed their training analysis without mentioning their homosexuality to their analysts. Those who are willing to speak up openly will do so only if they have nothing to lose, then they won't be listened to.

"As psychiatrists who are homosexuals, we must look carefully at the power which lies in our hands to define the health of others around us. In particular, we should have clearly in our minds, our own particular understanding of what it is to be a healthy homosexual in a world, which sees that appellation as an impossible oxymoron. One cannot be healthy and be homosexual, they say. One result of being psychiatrists who are homosexual is that we are required to be more healthy than our heterosexual counterparts. We have to make some sort of attempt through therapy or analysis to work problems out. Many of us who make that effort are still left with a sense of failure and of persistence of "the problem." Just as the black man must be a super person, so must we, in order to face those among our colleagues who know we are gay. We could continue to cite examples of this sort of situation for the remainder of the night. It would be useful, however, if we could now look at the reverse.

"What is it like to be a homosexual who is also a psychiatrist? Most of us Gay-PA members do not wear our badges into the Bayou Landing [a gay bar in Dallas] or the local Canal Baths. If we did, we could risk the derision of all the non-psychiatrist homosexuals. There is much negative feeling in the homosexual community towards psychiatrists. And those of us who are visible are the easiest targets from which the angry can vent their wrath. Beyond that, in our own hometowns, the

chances are that in any gathering of homosexuals, there is likely to be any number of patients or paraprofessional employees who might try to hurt us professionally in a larger community if those communities enable them to hurt us that way.

"Finally, as homosexual psychiatrists, we seem to present a unique ability to marry ourselves to institutions rather than wives or lovers. Many of us work 20 hours daily to protect institutions that would literally chew us up and spit us out if they knew the truth. These are our feelings, and like any set of feelings, they have value insofar as they move us toward concrete action.

"Here, I will speak primarily to the other members of the Gay-PA who are present, not in costume tonight. Perhaps you can help your fellow psychiatrist friends understand what I am saying. When you are with professionals, fellow professionals, fellow psychiatrists who are denigrating the "faggots" and the "queers," don't just stand back, but don't give up your careers, either. Show a little creative ingenuity; make sure you let your associates know that they have a few issues that they have to think through again. When fellow homosexuals come to you for treatment, don't let your own problems get in your way, but develop creative ways to let the patient know that they're all right. And teach them everything they need to know. Refer them to other sources of information with basic differences from your own so that the homosexual will be freely able to make his own choices.

"Finally, pull up your courage by your bootstraps, and discover ways in which you and homosexual psychiatrists can be closely involved in movements which attempt to change the attitudes of heterosexuals - and homosexuals - toward homosexuality. For all of us have something to lose. We may not be considered for that professorship. The analyst down the street may stop referring us his overflow. Our supervisor may ask us to take a leave of absence. We are taking an even bigger risk, however, not accepting fully our own humanity, with all of the lessons it has to teach all the other humans around us and ourselves. This is the greatest loss: our honest humanity. And that loss leads all those others around us to lose that little bit of their humanity as well. For, if they were truly comfortable with their own homosexuality, then they could be comfortable with ours. We must use our skills and wisdom to help them - and us - grow to be comfortable with that little piece of humanity called homosexuality."

- Via the Journal of Gay and Lesbian Psychotherapy

### *Secondary Sources and Other Relevant Work*

David Scasta. 2002. "John E Fryer, MD, and the Dr. H. Anonymous Episode". *Journal of Gay & Lesbian Psychotherapy* 6 (4): 73-84

Jeanne Lenzer. 2003. "John Fryer". *BMJ* 326, no. 7390 (): 662-662  
Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1125557/>

Mary E Barber. 2006. *Honoring John Fryer's Legacy*. <https://www.behavioral.net/article/honoring-john-fryers-legacy>  
Available at <http://www.behavioral.net/ME2/dirmod.asp?sid=&nm=&type=Publishing&mod=Publications::Article&mic>

## 6 *Kurt Freund, MD*

Starting Credibility: 2

### 6.1 *Biography*

You were born in Czechoslovakia in 1914. Well, technically, you were born in the Austro-Hungarian Empire in 1914. The country of Czechoslovakia was formed as part of the armistice of that ended the first world war.

You are Jewish. The Jewish community of Prague was large and cosmopolitan—it produced, for example, the author Franz Kafka. And the ‘old Jewish Cemetery,’ which dates from the 15th century, is still one of the largest in Eastern Europe.

The parts of Czechoslovakia that were once known as ‘Bohemia’ were known for their openness and tolerance of others during this era. In fact, we still use the word ‘Bohemian’ to refer to urban diversity. This cosmopolitanism allowed you to attend Charles University in Prague, the oldest and most widely-respected university in the region.

In fact, some of the great Jewish thinkers of this era, including Albert Einstein, taught at Charles University.

In response to massive students demonstrations against the Nazi invasion of 1939, the Nazis closed all institutions of higher learning in the country on 17 November 1939.

There is very little known about your life during the Holocaust, except that your entire family did not survive.

After WWII, the Universities was re-opened, but this time under the strict ideological control of the Communist puppet government of the Soviet Union.

During the 1950’s you were working for the Czechslovakian Military. General distrust of the Soviet regime meant that a large number of young men were trying to get out of military service. At the time, homosexuals were not allowed to serve, so it became somewhat common for young men to feign homosexuality to avoid military service. This was the problem to which you were assigned.

In order to determine who ‘really’ was homosexual and who was

just pretending, you developed a device—now called the ‘penile plethysmograph’. It was, basically, an air pressure sensor attached to a condom-shaped glass tube. It could record small variations in blood flow to the penis—i.e. the extent of arousal. By measuring arousal in response to various kinds of pornographic imagery, you were able to determine which candidates were gay, and which were faking it.

You started to get interested in the application of the device to psychology. At the time, aversion therapy was common practice. Gay men would be subjected to nausea-inducing drugs and electric shocks when viewing male porn, and testosterone injections while viewing female porn. The artificial feelings of disgust become behavioristically associated with the stimulus.

You decided to put this to the test. You found that men treated to a week of aversion therapy did nothing to change the men’s arousal patterns. You varied the extent of the therapy, and still found nothing.

You lobbied the Central Committee of the Communist Party to outlaw aversion therapy as ineffective. He argued that homosexuality cannot be changed, and therefore must not be persecuted. The Committee agreed, making Czechoslovakia one of the first countries in the world to recognize the rights of homosexuals. Hungary followed soon after.

In 1961, you earned a position at the Psychiatric Research Institute of Prague, ultimately holding the positions of research deputy director and head of neuropsychopathology department.<sup>1</sup>

On January 5th 1968, the Czechoslovakian Communist Party elected Alexander Dubček as First Secretary of the Communist Party. Dubček was a reformer, who sought to ease the strict social control of the Soviet Union while staying true to the principles of Marxism/Leninism. The Soviet Union responded with tanks and half a million troops, an event now known as the ‘Prague Spring.’ You were one of the few who managed to flee over the border to Germany ahead of what the west calls an ‘invasion.’

You eventually immigrated to Canada, where you took a position in the Sexology Program at the Clarke Institute of Psychiatry in Toronto in 1969. You are still employed there.

This makes you a bit of a newcomer. There was not a great deal of communication between the countries of the Warsaw Pact and NATO during the 1960’s, but a few things were able to get through. Some of the membership may know who you are, but they probably do not know your status as a refugee and survivor of both Nazism and Communism.

Complicating this is your research flies in the face of the standard Behavioristic therapy for homosexuality: aversion therapy. The psychological world of Eastern Europe was more influenced by the German

<sup>1</sup> <https://www.nudz.cz/en/employee/?id=306>

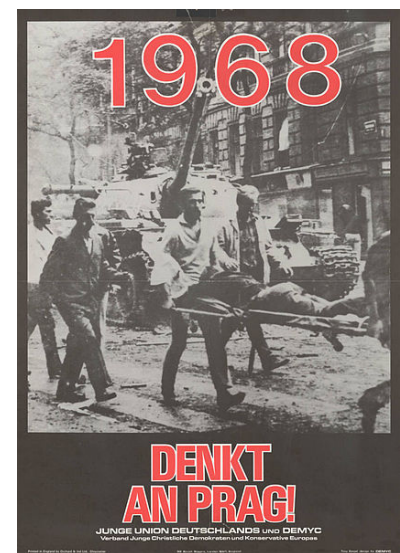


Figure 6.1: CDU (CC BY-SA 3.0 de (<https://creativecommons.org/licenses/by-sa/3.0/de/deed.en>)), via Wikimedia Commons, [https://commons.wikimedia.org/wiki/File:KAS-Prager\\_Frühling\\_1968-Bild-12906-1.jpg](https://commons.wikimedia.org/wiki/File:KAS-Prager_Frühling_1968-Bild-12906-1.jpg)

tradition than the American, so you aren't *really* a Behaviorist. Pavlov was Russian, of course, so you were well trained in his experimental techniques, but the ideology of Watson and Skinner was not dominant like it was in the US.

## 6.2 *Game Objectives*

### *Specific Assignment*

**Initial Committee Membership** None, but eligible to run for any.

### **Demedicalization**

### **Research**

### **Association Business /DSM-III**

In 1974, propose that the APA deem the use of aversion therapy in the treatment of homosexuality immoral. You should research some of the first-hand stories available on <http://www.treatmentshomosexuality.org.uk/> to make your case.

### **Social responsibilities of social scientists**

Indeterminant

### **Definition of 'mental illness' and fission of the APA**

You are neutral on the **definition of mental illness**.

**Proposal 1 (Freund)** *propose that the APA deem the use of aversion therapy in the treatment of homosexuality immoral*

## 6.3 *Must Read*

### *Primary Sources*

### *Secondary Sources and Other Relevant Work*

Helmore, Edward. 1996. "Obituary: Kurt Freund". *The Independent* ()  
 Robin J Wilson. 2015. "**Freund, Kurt (1914–1996)**". In *The International Encyclopedia of Human Sexuality*. Wiley-Blackwell  
<https://cuni.cz/UKEN-106.html>





## 7 *Paul Gebhard, PhD*

Starting Credibility: 4

### 7.1 *Your Biography*

You were born July 3, 1917 in Rocky Ford, Colorado and obtained your B.S. from Harvard University in 1940, your Ph.D from Harvard University in 1947. You have worked in the Department of Anthropology at Indiana University from 1947 until the present, serving as the Director at the Institute for Sex Research starting 1956, after the death of your mentor, Alfred C. Kinsey.

You are an Anthropologist, not a psychologist. Anthropology has a varied and checkered history, especially in relation to psychology and sociology. All three of these fields purport to study the human mind and human organizations, but they have gone about it in very different ways. Pay close attention to the discussion of Margaret Mead in Margaret Mead paragraph 5.1 on p. 163. It is probably worth reading the Introduction to *Coming of Age in American Samoa* to understand the call for Anthropological research. One ahistorical note: Mead's study was essentially debunked in the mid-1980s. It is now taught as an example of confirmation bias. You will have to be *very* cautious when studying to ensure that you can present Mead's work as it would have been in the 1970's—a foundational text in the discipline and a paradigm of good science, *not* as it is taught today.

The president of the APA in 1957, Lee J. Cronbach, titled his presidential address 'The Two Disciplines of Scientific Psychology.' Compare what Cronbach says about 'correlational' psychology to the method used by Kinsey.

### 7.2 *Game Objectives*

Get on the Spitzer taskforce. You're an independent on all other issues that may come before the task force or the membership. It is important that you use your judgment on what an Anthropologist and sexologist would have thought of the various other proposals that

come forward.

### *Specific Assignment*

#### **Initial Committee Membership**

You are an initial member of the Program committee, with your term expiring in 1974.

**Committee 1 (Gebhard)** *You are an initial member of the Program committee, with your term expiring in 1974.*

#### **Demedicalization**

Technically indeterminate, but your respect for Hooker's data entails that you are decidedly pro-demedicalization.

#### **Research**

Give a formal presentation of the findings of the Kinsey report in 1972, highlighting homosexuality in both male and female. I. Bieber's 1962 book *Homosexuality: A Psychoanalytic Study* is often seen as a response to the Kinsey report, so be prepared for significant questions from Socarides and Bieber.

#### **Association Business /DSM-III**

Submit a proposal to have the APA formally recognize Evelyn Hooker for her Distinguished Contribution to Psychology in the Public Interest.

**Proposal 1 (Gebhard)** *Submit a proposal to have the APA formally recognize Evelyn Hooker for her Distinguished Contribution to Psychology in the Public Interest.*

If Spitzer gets a Taskforce for the DSMIII, get appointed to it as a voice of Anthropology.

#### **Social responsibilities of social scientists**

Indeterminate

**Writing Assignment 1 (Gebhard)** *presentation of the findings of the Kinsey report in 1972, highlighting homosexuality in both male and female.*

#### **Definition of 'mental illness' and fission of the APA**

You are neutral on the definition of mental illness, although you are sympathetic to those views that see mental illness as dysfunction of culture, not of the individual.

You are encouraged to add to the liminality of the game by decorating the room in themes corresponding to the different locations: 71: Washington DC, 72: Dallas, 73: Honolulu, 74: Philadelphia, 75: Chicago.

### Primary Sources

Margaret Mead. 1928. *Coming of Age in Samoa; a Psychological Study of Primitive Youth for Western Civilization*. New York W. Morrow 1928.

Lee J Cronbach. 1957. "The two disciplines of scientific psychology." *American Psychologist* 12 (11): 671–684 Available at <http://psychclassics.yorku.ca/Cronbach/Disciplines/>

Kinsey Reports:

Alfred Charles Kinsey, Wardell Baxter Pomeroy, and Clyde Eugene Martin. 1998. *Sexual Behavior in the Human Male*. Indiana University Press

Currently out of print, but on google books. Alfred Charles Kinsey and Institute for Sex Research. 1998. *Sexual Behavior in the Human Female*. Indiana University Press Paul H Gebhard and Alan B Johnson. 1998. *The Kinsey Data*. Marginal Tabulations of the 1938-1963 Interviews Conducted by the Institute for Sex Research. Indiana University Press Preview available on google books.

### Secondary Sources and Other Relevant Work

Ben Wattenberg. *Paul Gebhard Interview*. <http://www.pbs.org/fmc/interviews/gebhard.htm> available at <http://www.pbs.org/fmc/interviews/gebhard.htm>



## 8 *Ron Gold, Journalist*

Starting Credibility: o

### 8.1 *Your Biography*

You were born in Brooklyn in 1930 and entered Brooklyn College at fifteen. Between becoming addicted to heroin and bouts of psychiatric treatment, it took you twelve years to get a degree.

The actual Ron Gold has told his story as a part of a theater production called ‘Queer Stories’ in New York. The total story is available online (see ‘Must Read’ section), but I’ll excerpt the early part here:

When I was 13 I told my sister I thought I really liked boys, and it was right after that I saw my first psychiatrist. He shot me full of sodium pentothal, and all I really remember about him are his big, round, thick glasses on his big, white, moon face, very, very close to my face. I was scared out of my wits.

The next one was when I was 15. I’d just entered college, and I wanted to move out of my parents’ apartment — which they thought required medical attention. This pleasantly ruffled psychiatrist gave me his diagnosis: homosexuality. He told me I should get away from my mother. I was grateful for that, and three years later I got him to write a note for me to the draft board.

The draft board psychiatrist asked me, “where do you cruise?” I told him, but he still didn’t seem convinced I wasn’t putting on an act, until he saw the book I was carrying. “T.S. Eliot!” he said, and checked off the fag box on his form.

At 19 I went to school at Berkeley, California and soon I was having a thing with an ex-convict named Frank and Eddie (he told some people his name was Frank and some people his name was Eddie). Anyway, it wasn’t going very well, so I went to the university counseling department and got this psychiatrist who didn’t seem much older than I was. He kept his watch on his desk facing HIM, and once I asked him what time it was. He wouldn’t tell me. He wanted to know the REAL reason I’d asked the time.

So I quit him, quit Frank and Eddie, quit school, moved to San Francisco and became a junkie. After I got busted, I moved back to New

York, lived with my parents, worked for my father and spent my entire paycheck every week on junk. Except one week, age 24, I decided to do what my friend Carl Solomon had done, pound on the door of Psychiatric Institute, demanding instant entry. Except they didn't take junkies. And I had missed my weekly connection and was getting sick. So I gave all my money to somebody I didn't know — who never showed up with the dope — and I walked from the Bronx to midtown for a matinee of "Wonderful Town."

I was really sick by intermission, so my sister took me to a doctor — and ANOTHER psychiatrist, who shipped me off to the Menninger Clinic. So I was in Topeka, Kansas for five years, and I can actually say I got something out of it. I had a nice place to be locked up in for a while (so I couldn't get to the junk); I finished college; went to work; joined the Topeka Civic Theatre; learned to play bridge — and learned that there were plenty of people, including psychiatrists, who were just as crazy as I was, and doing more or less okay.

And, when I got back to New York, at age 29, I found it wasn't true that I hadn't solved my biggest psychological problem. I found a lover; and right away I began to see that MY HOMOSEXUALITY WASN'T A PROBLEM: that homosexuality isn't a problem. So ten years later I was ready for Stonewall. And my next encounter with psychiatry, at 41, was as the leader of a zap by the Gay Activists Alliance, at the behaviorists convention. You remember the behaviorists: they're the ones who show you pictures of gorgeous naked men (or women, if you're a lesbian) and then they give you an electric shock.

So we took over one of their sessions and there I met Dr. Robert Spitzer, who turned out to me a member of the American Psychiatric Association committee (news of which I leaked to the New York Times), and he got us a major panel discussion at the 1972 APA convention in Hawaii.

[Note: the events of the 'Zap' are described in the gamebook, as well as Gold's encounter 'taking over one of their sessions' and meeting Spitzer at the New York talk by Socarides. Gold is slightly wrong here: the APA convention in Hawaii was 1973. And Socarides, who's talk the GAA took over, was a psychoanalyst, not a behaviorist. He did, however, probably use aversion therapy.]

Spitzer recounts the interaction as:

"I went to this conference on behavioral modification which the gay lib. group broke up. I found myself talking to a very angry young man. At that time I was convinced that homosexuality was a disorder and that it belonged in the classification, I told him so."

Gold says (in Gold, R. "Three Stories of Gay Liberation" ) "[Spitzer] said he believed in the illness theory. I said, alright, who do you believe? And he hadn't ready any of it... But he happened to know Socarides and thought he was a nut. Whom do you believe? Bieber? I don't know. Have you read it? No. But they all believed it."

After a career writing for various publications, including *Variety*, you became a full-time gay activist at the age of forty-one. You were one of the founders of the National Gay and Lesbian Task Force. You were also the Media director for the Gay Activists Alliance during the early 1970's.

## 8.2 *Game Objectives*

Get 'homosexuality' removed from the list of mental illness, and while your at it, find any opportunity you can to humiliate and discredit Socarides and Bieber (see 'secret') below.

### *Specific Assignments*

Work with Marmor to draft a proposal to remove 'homosexuality' (302.0) from the DSM-II in 1971.

Sit on the symposium on the declassification in 1973. Your paper title should be "Stop It, You're Making Me Sick!," and you will argue that "their sickness label provided the biggest rationale for our oppressors, and was the CAUSE of homosexual's self-hate, not the solution."

Invite Spitzer to a secret meeting of the GayPA in 1973. Advise him to be 'undercover' and just observe the large number of psychiatrists who are members. Legend has it that at that meeting, a young navy psychiatrist broke down in tears upon seeing Spitzer in attendance, overcome with the anxiety that his sexual orientation would lead to the loss of his job. It was at that moment that Spitzer became convinced that your argument was correct: that the classification of homosexuality as a mental illness was doing more harm to homosexuals than good. Again, legend has it that you and he draft the language to remove homosexuality that night.

There are a few problems with the legendary story. First, the first-person accounts vary in their details: the actual Ron Gold sets the events in 1972, but that's impossible, as the APA met in Dallas in 1972 and Honolulu in 1973. Second, I'm not convinced that the 'conversion' experience does adequate justice to the many others involved in the movement, including Judd Marmor and John Spiegel. The student playing Spitzer is aware of these inconsistencies, but has not been instructed to play it one way or the other. It will be up to you and him or her to determine how the proposal of 1973 is created.

#### **Initial Committee Membership**

Not a member of the APA, so ineligible for committee service.

## Demedicalization

Work with Frank Kameny / Barbara Gittings (if they are in the game) to convince the APA to remove ‘homosexuality’ from the DSM. With Spitzer and Kameny / Gittings, organize a symposium on the demedicalization in 1973. This can be sponsored by the Nomenclature committee, in which case it does not need approval from the conference committee. The Real symposium is documented in Spitzer et al. 1973.

It should be called something like “Should Homosexuality be in the APA Nomenclature.” Your paper title should be “Stop It, You’re Making Me Sick!” and you will argue that “their sickness label provided the biggest rationale for our oppressors, and was the CAUSE of homosexual’s self-hate, not the solution.” This symposium should be more of a discussion on demedicalization than a series of formal papers. You’re paper is the only one that would be formal here.

You’ll need to recruit other speakers—Green, Marmor, Bieber, Socarides and Spitzer should speak.

You’re interaction with Spitzer after the Socarides talk is not ‘played’ in the game, but is part of the background included in the gamebook. That means you already have a relationship with Spitzer. Use this to convince him that homosexuality itself doesn’t make people anxious or mentally unstable, classifying homosexuals as mentally ill makes them anxious or mentally unstable. You have a great deal of data to pull from in making your case: Kinsey made a similar argument, and Hooker’s data showed that homosexuals, outside of the context of psychiatric institutionalization, were indistinguishable from heterosexuals on standard psychological tests.

**Writing Assignment 1 (Gold)** *Present “Stop It, You’re Making Me Sick!” at the Symposium on the topic of demedicalization in 1973.*

## Research

Indeterminate

## Association Business /DSM-III

You can get on Spitzer’s task force—there is no requirement that members be of the APA. Using your relationship with Spitzer may make that happen. If you do, your role will get complicated. In reality, Ron Gold believes that Homosexuality is a choice—not something you are born with—but that choice should not matter for discrimination. It is a reasonable view, but in most of today’s discussion about homosexuality, the rhetoric conflates the two: you’re born this way, therefore you can’t be discriminated against.

Gold’s view means that your response to Spitzer’s various compromise proposals will be different than some of your compatriots in the

**Writing Assignment 2 (Gold)** *While you are an active part of the politics of this game, you are still a Journalist. Working with the conference committee, produce a weekly ‘newspaper’ that summarizes the previous weeks’ activity.*



GayPA.

### Definition of 'mental illness' and fission of the APA

As a non-member of the APA, you cannot vote on the definition of mental illness. But be sure to advocate for one that does not penalize or marginalize those with harmless social differences.

**SECRET:** you were a patient of Charles Socarides. You're familiar with the kind of reasoning that a psychotherapist can trap you in, if they are willing. [Game Note: this is a conflation for the purposes of the game – Gold had been 'treated' for homosexuality by a psychoanalyst as a adolescent, but not by Socarides]

### *Must read*

Ronald Gold. 2004. "Three Stories of Gay Liberation". In *Queer Stories for Boys*, ed. by Douglas McKeown, 71–80. New York: Thunder's Mouth Press (included in 'Character resources')

Paul Moor. 2002. "The View from Irving Bieber's Couch: 'Heads I Win, Tails You Lose'". *Journal of Gay & Lesbian Psychotherapy* 5 (3/4): 25–36

### *Secondary Sources and Other Relevant Work*

Organizations in the UK have recently been trying to collect first-person accounts of the treatment of homosexuals during this period. This paper contains a summary: Glenn Smith, Annie Bartlett, and Michael King. 2004. "Treatments of homosexuality in Britain since the 1950s—an oral history: the experience of patients". *BMJ* 328 (7437): 427 <http://www.bmj.com/content/328/7437/427.full>

For the first-hand accounts, see <https://www.treatmentshomosexuality.org.uk/>



## 9 *Frank Kameny, Activists*

Starting Credibility: 0

### 9.1 *Frank Kameny Biography*

You were born in Queens, New York to a middle class Jewish family. Your first academic interest was in science, and by the age of seven, you pledged your commitment in becoming an astronomer. You began your undergraduate degree in physics at Queens College, but you were interrupted by WWII, where you served as an Army Mortar crewman in Europe. Your mother described you as excessively shy, but your time spent abroad during WWII brought you out of your shell. You returned from the war, finished your undergraduate degree, and went on to receive your PhD in physics from Harvard University in 1956 after being awarded a scholarship.

You have a dominating personality that is a cross between egotism and revolutionary. You have a habit of questioning the status quo and supporting your own conceptions. When you were a teenager, you proclaimed yourself an atheist to your parents. This attitude continued into your teaching fellow years at Harvard where you refused to sign a loyalty oath without attaching qualifiers, stating, "If society and I differ on something, I am willing to give the matter a second look...If we still differ, then I am right and society is wrong."<sup>1</sup>

Kameny was not so much concerned with changing society in so much as he refused to let society effect his own life. You avoided the exploration of your sexuality, and were therefore unsure of your orientation. You preferred spending your time in observatories. While finishing your dissertation in Arizona, you became friendly with a group of homosexuals and attended a gay bar, to which you stated, "I've come home". You took full advantage of your sexual revelation, and spent the near future making up for lost time.

After receiving your doctorate, you worked as teaching assistant for the astronomy department at Georgetown University, before transferring to the Army Map Service in the heat of the Cold War. During this phase of life, you helped the army more accurately target their nu-

<sup>1</sup> Quoted in Bullough, V.L. (2002). *Before Stonewall*, p. 210

clear weapons by using points around the U.S to calculate the distance towards targets around the world. In 1957, Army security officials questioned your sexuality, to which you responded by asserting that your personal life was not the business of the federal government. You were immediately dismissed, leaving you jobless and dependent upon charity during the dawn of the space race; a time that should have been the greatest opportunity of your life. The Federal government's position was that homosexuality made a person unsuitable for federal employment. You had been dismissed just as hundreds had been before you, but you became the first to ever officially challenge this policy. Initially, legal efforts failed, and even your lawyer determined it best to abandon the case. You pressed on, outlining a case in which you argued that the discrimination you experienced was no less illegal and no less odious than discrimination based upon religious or racial grounds. After citing the Kinsey report, you presented reasonable grounds to believe that 15 million U.S citizens were gay and subject to the same persecution.

When the Supreme Court refused to hear the case once more, you moved to create a movement by founding the Mattachine Society of Washington, which was named after a group of medieval court jesters who were allowed to articulate unpopular truths under the secrecy of masks. The Mattachine Society of Washington was one of the first homosexual organizations to act under the mission of political activism, and focus its efforts on public awareness; its mission: "to act by any lawful means to secure for homosexuals the right to life, liberty, and the pursuit of happiness". Your influence stemmed heavily from surveying the black civil rights movement, and you eventually shifted homosexuality from a mental health issue to a civil liberties issue. You argued that your opposition was basing its arguments on emotion rather than reason, which prevented the pursuit of education and awareness. You claimed that homosexuals were more likely to have an employment issue than they were a mental health issue due to their sexual orientation.

You enacted a civil rights militancy strategy, taking to the streets, media, and the courts. Although your movement was legally focused, you understood that homosexuality's classification as an illness was the main obstacle to overcome. You used your background in the sciences to demonstrate that the current view of homosexual psychology was based on psychiatric observations made on behalf of mental patients only, thus ignoring the millions of healthy gay Americans spread throughout the country. Your organization was the first that claimed homosexuality to be, "a preference, orientation, or propensity, on par with, and not different in kind from, heterosexuality". However, negative stigmas for homosexuality existed in propensity, thus

counteracting the logic of your claims. You modeled a slogan after the African American movement's, "Black is Beautiful", thus coining the phrase, "Gay is Good". America loves slogans, and the country's "gut" began to shift into your corner. Today you are considered a pioneer in the homosexual civil rights movements, and cited as one of its most important figures.

When the Department of Defense launched an investigation into the sexuality of a young man named Benning Wentworth in 1969, you took the opportunity to testify. Charles Socarides was an expert witness for the prosecution. Your speech, "We Throw Down the Gauntlet" is not a classic in the gay rights movement. It is available here: <http://www.kamenypapers.org/gauntlet.htm>.

## 9.2 *Game Objectives*

You are the leader of the Gay-PA. After the Stonewall protests of 1969, you've become committed to the idea that street-level protests and direct nonviolent confrontation ('Zaps') are the most effective mechanisms of social change. You organized the San Francisco protests of 1970, and you have some ideas for 1971 and 1972.

The Gay-PA (in reality, the Chicago branch of the Gay Liberation Front) should issue something like following proclamation at the beginning of the conference in 1971 (distribute it as you see fit – i.e. post it to the door of the room, hand it out as players enter, etc.). It is vital that the draft is approved by the other members of the Gay-PA (Fryer, Hooker, Gold), and you should consult the secret 'young turks' (Marmor, Spiegel):

The establishment school of psychiatry is based on the premise that people who are hurting should solve their problems by "adjusting" to the situation. For the homosexual, this means becoming adept at straight-fronting, learning how to survive in a hostile world, how to settle for housing in the gay ghetto, how to be satisfied with a profession in which homosexuals are tolerated, and how to live with low self-esteem.

The adjustment school places the burden on each individual homosexual to learn to bear his torment. But the "problem" of homosexuality is never solved under this scheme; the anti-homosexualist attitude of society, which is the cause of the homosexual's trouble, goes unchallenged. And there's always another paying patient on the psychiatrist's couch.

Dr. Socarides claims, "A human being is sick when he fails to function in his appropriate gender identity, which is appropriate to his anatomy." Who determines "appropriateness"? The psychiatrist as moralist? Certainly there is no scientific basis for defining "appropriate" sexual behavior.... Other than invoking moral standards, Dr. Socarides claims that homosexuality is an emotional illness because of the guilt and

anxieties in homosexual life. Would he also consider Judaism an emotional illness because of the paranoia which Jews experienced in Nazi Germany?

We homosexuals of gay liberation believe that the adjustment school of therapy is not a valid approach to society.

We refuse to adjust to our oppression, and believe that the key to our mental health, and to the mental health of all oppressed peoples in a racist, sexist, capitalist society, is a radical change in the structure and accompanying attitudes of the entire social system.

Mental health for women does not mean therapy for women—it means the elimination of male supremacy. Not therapy for blacks, but an end to racism. The poor don't need psychiatrists (what a joke at 25 bucks a throw!)—they need democratic distribution of wealth. OFF THE COUCHES, INTO THE STREETS!

We see political organizing and collective action as the strategy for effecting this social change. We declare that we are healthy homosexuals in a sexist society, and that homosexuality is at least on part with heterosexuality as a way for people to relate to each (know any men that don't dominate women?).

Since the prevalent notion in society is that homosexuality is wrong, all those who recognize that this attitude is damaging to people, and that it must be corrected, have to raise their voices in opposition to antihomosexuality. Not to do so is to permit the myth of homosexual pathology to continue and to comply in the homosexual's continued suffering from senseless stigmatization... We furthermore urge psychiatrists to refer to the homosexual patients to gay liberation (and other patients who are the victims of oppression to relevant liberation movements). Once relieved of patients whose guilt is not deserved but imposed, psychiatrists will be able to devote all their efforts to the rich—who do earn their guilt but not their wealth, and can best afford to pay psychiatrists' fees.

We are convinced that a picket and a dance will do more for the vast majority of homosexuals than two years on the couch. We call on the medical profession to repudiate the adjustment approach as a solution to homosexual oppression and instead to further homosexual liberation by working in a variety of political ways (re-educating the public, supporting pickets, attending rallies, promoting social events, etc.) to change the situation of homosexuals in this society.

Join us in the struggle for a world in which all humans are free to love without fear or shame.

(quoted in Rosario, 2002)

As a non-member of the APA, you cannot vote on the definition of mental illness. But be sure to advocate for one that does not penalize or marginalize those with harmless social differences.

## *Specific Assignments*

### **Initial Committee Membership**

Not a member of the APA, so not eligible for committee memberships

### **Demedicalization**

Participate in the 1971 panel discussion with John Fryer and Evelyn Hooker. The texts of Kameny and Gitting's actual speeches are not recorded (to my knowledge). Eyewitnesses record that Kameny was more confrontational and antagonistic to psychiatry while Gittings was more conciliatory. Kameny is quoted as arguing that "We're rejecting you all as our owners. We possess ourselves and we speak for ourselves and we will take care of our destinies." (Quoted in Bayer, 2002 p. 106).

Petition the conference committee for a display booth for 1972 titled 'Gay, Proud and Healthy', get Fryer and others to sit at the booth and take questions. As a student, if you are interested, there are photos of the actual booth available at <http://digitalgallery.nypl.org/nypldigital/id?1606166>. You should distribute a pamphlet as well (the Kameny papers archive has a copy of the original, for inspiration).

You should maintain 'zapping' events where you determine discrimination, or the intellectual basis for discrimination, occur.

### **Research**

Help Gold organize a symposium in 1973 on the topic of "Should Homosexuality Be in the APA Nomenclature?" Green, Marmor, Bieber, Socarides and Spitzer should speak.

### **Association Business /DSM-III**

Indeterminate

### **Social responsibilities of social scientists**

Indeterminate

### **Definition of 'mental illness' and fission of the APA**

Indeterminate

#### **Writing Assignment 1 (Kameny)**

*Give a paper during the 1971 panel discussion, preliminarily titled "Gay, Proud and Healthy" with Barbara Gittings, John Fryer and Evelyn Hooker.*

### *Primary Sources*

Read the legal and personal documents of Frank Kameny at <http://www.kamenypapers.org/index.htm>

### *Secondary Sources and Other Relevant Work*

V L Bullough. 2002. *Before Stonewall*. See esp. Ch 36 & 39, a biographies of Kameny & Gittings written by Gittings' partner, Kay Tobin Lahusen

Christopher D O'Shea. 2007. "Before Stonewall: Activists for Gay and Lesbian Rights in Historical Context". *Archives of Sexual Behavior* 36 (2): 329–330 (review of above)

J Katz. 1992. *Gay American history: Lesbians and gay men in the USA: A documentary history*

E Marcus. 2009. *Making gay history: The half-century fight for lesbian and gay equal rights*

Mark Moran. 2006. "Activists Forced Psychiatrists To Look Behind Closet Door". 2008 (10/7)

K Tobin and R Wicker. 1975. *The gay crusaders*



## 10 *Barbara Gittings, Activist*

Starting Credibility: 0

### 10.1 *Barbara Gittings Biography*

You are a Librarian, activist and a pioneer of the American gay rights movement. You founded the New York chapter of the Daughters of Bilitis and edited its magazine, *The Ladder*.<sup>1</sup> One of your life-long goals has been to get public libraries to provide more information on homosexuality to the public.

You were born on July 31, 1932 in Vienna, Austria. Your father, a career diplomat, was transferred back to the US in 1940, and your family settled in Delaware.

During your freshman year at Northwestern in 1949, you sought out therapy because you believed you might be a lesbian. The psychotherapist offered to cure you. Rather than submit to treatment, you went to the libraries to find information on homosexuality. The few resources you discovered were filed under 'perverted' or 'abnormal.' Moreover, the material on offer dealt almost exclusively with gay men.

As a result of the time you spent in the library researching homosexuality, you failed out of Northwestern. When you returned 'back east,' you moved to Philadelphia.

But you continued your research. In Philadelphia, you discovered a book titled *The Homosexual in America* (1951), written under the pseudonym 'Donald Webster Cory.' You contacted the publisher and eventually contacted the author Edward Sagarin, who introduced you to the fledgling homophile movement, including the Mattachine Society.

When you went out to California to meet with the publishers of *ONE*, you met Phyllis Lyon and Del Martin, leaders of the lesbian organization Daughters of Bilitis. They asked you to found a chapter in New York, even though it meant a commute from Philly. You accepted.

At a DOB meeting in 1961, you met another activist named Kay Lahusen. The two of you fell in love and soon became partners for

<sup>1</sup> For more on the early development of the Daughters of Bilitis and its magazine, check out: <http://www.buzzfeed.com/h2/pulse/skarlan/the-ladder-the-first-lesbian-magazine-established-in-the-1950s>



Figure 10.1: Manuscripts and Archives Division, The New York Public Library. (1971). Gittings portrait Retrieved from <http://digitalcollections.nypl.org/items/510d47e3-afe9-a3d9-e040-e00a18064a99>

life.<sup>2</sup>

You succeeded Lyon and Martin as editor of DOB's magazine, *The Ladder*. During your three-year editorship, *The Ladder* began to publish articles critiquing medical authorities as well as the notion that homosexuals were sick.

In the early 1960's, your position in the DOB lead you to meet and collaborate with Frank Kameny. Kameny's Washington DC chapter of the Mattachine Society was becoming more and more aggressive in its public advocacy, and you were encouraged. In 1965, you joined Kameny in a picket of the White House. And the two of you organized annual demonstrations on July 4 at Independence Hall in Philly.

These tactics were not entirely welcome in the community at the time. You left the DOB because of these conflicts and joined Kameny's Mattachine society full time.

### *Specific Assignments*

#### **Initial Committee Membership**

Not a member of the APA, so indelible for committee memberships.

#### **Demedicalization**

Participate in the 1971 panel discussion with John Fryer and Evelyn Hooker. The texts of Kameny and Gitting's actual speeches are not recorded (to my knowledge), but Gittings' was probably titled "Gay, Proud and Healthy."

You should maintain 'zapping' events where you determine discrimination, or the intellectual basis for discrimination, occur.

Petition the conference committee for a display booth for 1972 titled 'Gay, Proud and Healthy', get Fryer and others to sit at the booth and take questions. As a student, if you are interested, there are photos of the actual booth available at <http://digitalgallery.nypl.org/nypldigital/id?1606166>. You should distribute a pamphlet as well (the Kameny papers archive has a copy of the original, for inspiration).

#### **Research**

Propose a study, similar to E. Hooker's, on lesbians, recruiting from the Daughters of Bilitis in 1971. You can see the gamemaster or the original Siegelman, 1972. You should report on this in 1972 if your proposal is successful.

#### **Association Business /DSM-III**

Indeterminate

<sup>2</sup> Barbara and Kay donated their photo collection to the NY Public Library, which makes them available online. It's very impressive. <https://digitalcollections.nypl.org/collections/barbara-gittings-and-kay-tobin-lahusen-gay-history-papers>



Figure 10.2: Manuscripts and Archives Division, The New York Public Library. (1960 - 1965). *Barbara Gittings pasting together articles* Retrieved from <http://digitalcollections.nypl.org/items/510d47e3-93cd-a3d9-e040-e00a18064a99>

**Research 1 (Gittings)** *Propose "Adjustment of homosexual women" in 1971*

**Writing Assignment 1 (Gittings)**  
*Present Siegelman 1972 paper as if it just happened, and you are the author.*

**Writing Assignment 2 (Gittings)**  
*Present during the panel discussion in 1971 on your experiences.*

**Social responsibilities of social scientists**

Indeterminate

**Definition of 'mental illness' and fission of the APA**

Indeterminate

**10.2** *Must Read**Primary Sources*

Gittings and her partner Kay Tobin donated their papers and photographs to the New York Public Library for preservation. You can browse the collection here: <https://digitalcollections.nypl.org/collections/barbara-gittings-and-kay-tobin-lahusen-gay-history-papers-and-photographs#/?tab=navigation>

Marvin Siegelman. 1972. "Adjustment of male homosexuals and heterosexuals". *Archives of Sexual Behavior* 2 (1): 9–25

*Secondary Sources and Other Relevant Work*

V L Bullough. 2002. *Before Stonewall* See esp. Ch 36 & 39, a biographies of Kameny & Gittings written by Gittings' partner, Kay Tobin Lahusen

Christopher D O'Shea. 2007. "Before Stonewall: Activists for Gay and Lesbian Rights in Historical Context". *Archives of Sexual Behavior* 36 (2): 329–330 (review of above)

M M Gallo. 2004. *Different daughters: The Daughters of Bilitis and the roots of lesbian and women's liberation, 1955–1970*

J Katz. 1992. *Gay American history: Lesbians and gay men in the USA: A documentary history*

E Marcus. 2009. *Making gay history: The half-century fight for lesbian and gay equal rights*

Mark Moran. 2006. "Activists Forced Psychiatrists To Look Behind Closet Door". 2008 (10/7)

K Tobin and R Wicker. 1975. *The gay crusaders*



## 11 *Stanley Milgram, PhD*

Starting Credibility: 15

### 11.1 *Your Biography*

You are Stanley Milgram, social psychologist. You were born August 15, 1933 to a family of Jewish immigrants from Germany who had settled in the Bronx and opened a bakery. By all accounts, you had a warm and untroubled childhood.

Your intelligence was spotted early in life and encouraged by your parents. In one legendary event, your experiments with your chemistry set brought the local fire department. You are most famous for your 'obedience' experiments starting in 1961 at Yale. These experiments sought to understand how normal people could do horrible things to others in the presence of an authority figure. Many people have drawn parallels between your experiments and the behavior of Nazi soldiers in the Holocaust, or even the actions of academics during the McCarthy era in the US. One biographer (Blass, 2004) has noted that your Bar Mitzvah speech was on the plight on European Jews under Hitler, and the McCarthy purges at Queens College occurred when you were enrolled.

After completing your undergraduate study in 1954, you applied to Harvard's Department of Social Relations, an interdisciplinary program that included social psychology, sociology, anthropology and clinical psychology. You were rejected. You persisted, however, taking summer classes in psychology. Eventually, they let you in provisionally. You were admitted to the full program after a year.

There you worked with Solomon Asch, who was investigating conformity to group thinking by testing whether a subject would give the wrong answer to a question if it agreed with the group of experimental confederates. For your dissertation, you extended this research by comparing Norwegians and French.

You moved to Yale in 1960, where you began designing your famous experiment. You submitted proposals to the National Science Foundation (NSF), the National Institutes of Mental Health (NIMH)

and the Office of Naval Research.

You moved back to Harvard to direct the Department of Social Relations in 1963, but left for CUNY in 1966. Your famous ‘obedience’ studies were conducted while you were at Yale. They have been the subject of great controversy, both from a scientific and ethical perspective. As a student, make sure you are confident in the experimental protocol as well as the results. See Milgram 1963 and 1965 for the primary source report.

You now chair the graduate program in social psychology at CUNY.

In 1967, you published the famous ‘small world’ study, in which you randomly selected individuals in Omaha, Nebraska and Wichita, Kansas, and asked them to try to deliver a packet of information to a target person in Boston, Mass. If they did not know the target personally, they should give the letter to someone who might be able to pass it on. Milgram then counted the number of contacts handled the packet in transit – the average was 5.5, giving us the common myth of ‘six degrees of separation.’

## 11.2 *Game Objectives*

Get onto the research committee. While you have always had an interest in research ethics, the criticism of your experiments have made you develop something of an expertise in the APA standards (that means, of course, that you, as the student, need to develop an expertise with both Milgram’s experimental design and the APA standards that are included in the gamebook).

### *Specific Assignments*

#### **Initial Committee Membership**

You start as a member-at-large on the Board of Directors, term ends 1971 (Large classes only)

**Committee 1 (Milgram)** *Member-at-large of the Board of Directors, with term ending 1971.*

#### **Demedicalization**

Indeterminate

#### **Research**

Join the research committee

Propose an experiment on campus testing the ‘small world’ problem in the campus environment in 1974. Present your results (or, if the experiment is not completed in time, or denied by the research

**Research 1 (Milgram)** *Propose ‘small world’, probably in 1974.*

committee, the results of Milgram's original 1967 experiment) to the conference.

### Association Business /DSM-III

Indeterminate

### Social responsibilities of social scientists

Oppose the proposal (from Clark, 1975 ) to create an affirmative action plan for psychology and psychiatry, on the grounds that it is an unwarranted authoritarian intervention in personal matters. Milgram is quoted in Blass, 2004 (p. 201) as saying (in 1971):

"There is some sense of progress and movement at the Graduate Center. A big question, however, is whether intellectual standards or political pressures will prevail in the conduct of our program. Already, we have been asked to recruit faculty on a racial basis, and we make exceptions to our usual admission standards in assessing potential black students. If carried too far, this could have disastrous consequences for the quality of the program. Then I'll leave."

### Definition of 'mental illness' and fission of the APA

You are neutral on the issue of the definition of mental illness.

#### Writing Assignment 1 (Milgram)

Present a paper summarizing your study of obedience (1963 and 1965) also in 1974, to complement the symposium on the social responsibility of academics.

## 11.3 Must Read

### Primary Sources

Stanley Milgram. "Behavioral Study of Obedience". *psycnet.apa.org*. Available at [http://www.wadsworth.com/psychology\\_d/templates/student\\_resources/0155060678\\_rathus/ps/ps01.html](http://www.wadsworth.com/psychology_d/templates/student_resources/0155060678_rathus/ps/ps01.html) with permission from Alexandra Milgram.

Stanley Milgram. 1967. *The small-world problem*

### Other Primary Sources (for further research)

S Milgram. "Some conditions of obedience and disobedience to authority". *journals.sagepub.com*

Jeffrey Travers and Stanley Milgram. 1969. "An Experimental Study of the Small World Problem". *Sociometry* 32, no. 4 (): 425-443

S Milgram. *Obedience to authority: an experimental view*. London

S Milgram. 1973. "The perils of obedience". *Harpers Magazine*

S Milgram, H Liberty, and R Toledo. *Response to intrusion in waiting lines*

*Secondary Sources and Other Relevant Work*

T Blass. 2004. *The man who shocked the world: The life and legacy of Stanley Milgram*



## 12 *Jean Piaget, PhD*

Starting Credibility: 15

### 12.1 *Your Biography*

You were born in 1896 in Switzerland to Arthur Piaget, a professor of medieval literature at Neuchâtel University. You write, late in life, that you Mother's poor mental health 'intensely interested' in questions of psychology and psychoanalysis. This interest did not manifest at first, however, as your first passion was natural history. Many commentators have asserted this interest was born of an aversion to anything fantastical or hallucinatory. At the age of 11, you started to work with Paul Godet, Director of the Natural History Museum at Neuchâtel, on molluscs. This work was so successful that when you were only 15, Maurice Bedot, director of the Natural History Museum at Geneva, offered you a position as an assistant in malacology. You declined, explaining that you were too young.

You went to the University of Neuchâtel to study natural sciences, but happened upon a series of lectures by Carl Jung while spending a semester at the University of Zurich. After completing your Doctorate, you took a job teaching at a boy's school in France established by the psychologist Alfred Binet. It was there that you began seriously investigating child development.

Given your training and interest in natural science, you approached the problem of developmental psychology experimentally, testing the problem-solving skills of children of different ages. You concluded, after much observation, that the thinking structures of children differ from adults, and develop during different stages of the child's development. That basic idea is core to all your theories of psychology.

You returned to Switzerland in 1921 as Director of the Rousseau Institute in Geneva. You married Valentie Châtenay in 1923, with whom you had three children: Jacqueline, Lucienne and Laurent.

By carefully interviewing them (in a quasi-clinical setting) while they tried to solve problems you had set up, you developed your idea of 'genetic epistemology,' reflecting your emphasis on the origin of

knowledge in development. You theorize that the human mind has certain cognitive structures that correspond to different stages of development: sensorimotor, preoperational, concrete operational, and formal operational. Contrary to the behaviorists, you do not believe that all learning is a matter of conditioning. But at the same time, contrary to Descartes and the Port-Royalists, you don't believe it is innate either.

According to you, children understands his or her world by adapting to new conditions and information using two basic ways: assimilation and accommodation. 'Assimilation' refers to the child's ability to fit current experiences into an existing conceptual structure, and 'accommodation' when the child has to create a new conceptual structure to understand new information. Understanding the psychology of a child, or a person, requires that we understand the cognitive structures he or she uses to understand his or her world.

Your view provides something of a counterpoint to the Freudian view of child development. While you both hold that the child psychology develops through a series of stages, you do not believe that the cognitive structures found in an adult would be found in a child. It follows then that even if children engage in behaviors that adults would understand in a certain way (say, sexually), it does not mean that the child understands those behaviors in the same way.<sup>1</sup> In fact, while you believe that psychoanalysis will not progress as a science until it unified its methodology to something more scientific (Freud never studied any actual children, for example), your main criticisms center around Freud's version of the genetic hypothesis. You share that criticism, of course, with Carl Jung.

<sup>1</sup> See Litowitz, B.E. (1999) for a full discussion.

## 12.2 *Game Objectives*

You are something of an independent on most of the issues that come before the APA. At this point in your career, you are an old man, considered to be one of the greats in the history of psychology. On the other hand, the first behaviorist revolution saw members of your generation as the enemy. You are sympathetic to those challenging behaviorism, including the cognitivists. But you're also deeply concerned about the scientific validity of psychoanalysis.

Your specific task in this game is to engage the new revolutionaries—Chomsky in particular—in a public discussion or debate of the concept of 'innateness' in psychology, and the acceptability of positing innate ideas in a scientific enterprise. You should propose the event to the conference committee in time for it to happen in 1975.

As you will remember, the problem of innate ideas strikes the very core of the idea of the scientific study of the mind: the empirical hy-

pothesis unifies the tradition as a whole, with the exception of Jungians. Moreover, the debate on homosexuality often turns, in the public mind at the least, on whether sexuality is innate (an 'orientation') or not (a 'preference'). The kind of innateness you and Chomsky are discussing is probably not the same, as you both agree that the structure of thought that is innate, not the content. This should be made clear in your public discussion.

Chomsky posits that there is an innate system of grammars that are common to all humans, as a function of our biology. You believe there is a 'fixed nucleus' of cognition that is innate, but say that "the functioning of intelligence alone is hereditary." The actual debate is recorded in Piatelli-Palmarini's 1980 book, which you should review during the course of the game.

### *Specific Assignment*

#### **Initial Committee Membership**

None

#### **Demedicalization**

Indeterminate

#### **Research**

Propose a symposium for 1975 with Chomsky on the differences in the concept of innateness between your work, Chomsky's views, the behaviorists and the psychoanalytic tradition.

#### **Association Business /DSM-III**

Indeterminate

**Writing Assignment 1 (Piaget)** Prepare a paper on the concept of innateness in Psychology, to present with Chomsky

#### **Social responsibilities of social scientists**

Indeterminate

#### **Definition of 'mental illness' and fission of the APA**

Indeterminate

### **12.3** *Must Read*

Piatelli-Palmarini. 1984. "Play, Dreams, and Imitation in Childhood"

Reviewed at: <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5843312>

*Other Primary Sources (for further research)*

Jean Piaget. 2002. *Judgement and Reasoning in the Child*. 1st ed. Routledge available at <http://www.archive.org/details/judgmentandreas0007972mbp>

J Piaget. 1953. *The origin of intelligence in the child*

Jean Piaget. 2013. *The Construction Of Reality In The Child*. Routledge

Jean Piaget. 1952. *The Child's Conception of Number*

Jean Piaget. 1962. *Play, Dreams, and Imitation in Childhood*. W W Norton & Company Incorporated

*Secondary Source*

B E Litowitz. 2016. "Freud and Piaget: une fois de plus." *The Genetic Epistemologist* 24 (4) Available at <http://www.piaget.org/GE/1999/GE-27-4.html#article1>

Noel Sheehy. 2003. *Fifty Key Thinkers in Psychology*. Routledge

## 13 Leona Tyler, PhD

Starting Credibility: 7

### 13.1 *Your Biography*

You are Leona Tyler, Psychologist.

You were born in Chetek, Wisconsin in 1906. When you were a child, your family moved to Mesabi Iron Range in Minnesota, where you would live until college.

You originally studied English literature as an undergraduate. You met the applied psychologist D.G. Paterson and started a PhD In Psychology at the University of Minnesota. In 1940, as ABD, you was appointed the head of the Personnel Research Bureau at the University of Oregon. After WWII, you established a veteran's counseling service funded by the VA at U Oregon. In 1951–52, you traveled to Maudsley Hospital<sup>1</sup> in England to work with the Psychiatrist Hans Eysenck. And in 1962–63, you held a Fulbright in Amsterdam.

In 1947, building on your experience at the University of Oregon, you published *The Psychology of Human Differences*. Still a classic of counseling, in it you suggest that the best way to understand individuals in counseling session is to see them as making choices between an infinite array of possible alternatives. You do not have a taste for theoretical bickering. As a counselor, you take a pragmatic approach to theoretical issues, but various commentators have noticed your similarity to theories of Piaget, Carl Rogers, Erik Erikson and others. Your practice blends psychoanalytic, behavioral and cognitive therapies.

The primary focus of your work is 'individuality,' not in a philosophical or moral sense, but in the sense that you reject the idea that an individual personality can be represented as a profile of scores in an n-dimensional space. On the contrary, you argue that an individual personality can be best described by the series of choices that that individual has made. It is possible, you hypothesize, to identify patterns in choice-making behavior. Your 'Choice Pattern Technique,' which asks people to choose and sort cards representing careers and leisure-time activities, is still widely used by psychological and career

<sup>1</sup> Many of the first-person stories on the 'treatments' of homosexuality that are collected at <http://treatmentshomosexuality.org.uk/> come from Maudsley.

counselors today.

In recent years, however, you have come to theorize that in order to make choices, an individual must be able to represent possible courses of actions or states of affairs that are not actual (i.e. possible but not currently real). At times, the internal representations discussed by these new 'Cognitive Scientists' like Chomsky and Miller, sound very similar to your hypothetical structures. But you're not willing to give up the obvious successes of behavioral therapy.

To understand an individual, then, we must understand both that the individuals' cognitive /representational abilities and their patterns of choosing between possibilities to make them actual.

### 13.2 *Game Objectives*

As an initial member of the Research committee, you'll be called upon to judge the scientific legitimacy and ethical acceptability of proposed research programs. You should make yourself familiar with the sections of the game book titled 'A Primer on Research Methods' and 'Ethics of Human Research'. Your gamemaster will give you an additional sheet outlining the responsibilities of members of the research committee in evaluating proposals.

Notice that the official documents of the APA, as included in the game book, are written in gender-specific language: I.B states "a nonmember of the APA may read a paper provided that he is sponsored...". The implication here is, of course, that a female nonmember is not allowed to present. As this document is an official representation of the policies of the APA, it should be clarified to reflect the policies of the organization. You should make those proposals in 1973.

If you become president, it is almost certain that there will be a number of proposed proclamations on the table. You should insist on the following the 'advocacy' principle. If you can make it policy, so much the better:

As citizens, members of the APA have the right to advocate for any cause through the myriad of political advocacy organizations, but when psychologists and psychiatrists speak for the profession through APA public stances and proclamations, it should be from science and professional experience.

On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.

You can split these two paragraphs into two proposals, if you believe it will be easier to pass them. The second is a direct result of the Goldwater affair<sup>2</sup> (see the gamebook *Playing a Psychologist or Psychiatrist* in the 1970s section 1.1 on p. 12, and anticipates the problems associated with the APA's stand on abortion in 1970s:

In 1969, the American Psychological Association issued a public proclamation, citing lack of evidence to the contrary that:

**WHEREAS** in many state legislature, bills have recently been introduced for the purpose of repealing or drastically modifying the existing criminal codes with respect to the termination of unwanted pregnancies; and whereas, termination of unwanted pregnancies is clearly a mental health and child welfare issue, and a legitimate concern of APA; be it resolved, that termination of pregnancy be considered a civil right of the pregnant woman, to be handled as other medical and surgical procedures in consultation with her physician, and to be considered legal if performed by a licensed physician in a licensed medical facility. (Available at <http://www.apa.org/about/governance/council/policy/abortion.aspx>)

The American Psychiatric Association followed in 1977 with:

The emotional consequences of unwanted pregnancy on parents and their offspring may lead to long-standing life distress and disability, and the children of unwanted pregnancies are at high risk for abuse, neglect, mental illness, and deprivation of the quality of life. Pregnancy that results from undue coercion, rape, or incest creates even greater potential distress or disability in the child and the parents. The adolescent most vulnerable to early pregnancy is the product of adverse sociocultural conditions involving poverty, discrimination, and family disorganization, and statistics indicate that the resulting pregnancy is laden with medical complications which threaten the well-being of mother and fetus. The delivery that ensues from teenage pregnancy is prone to prematurity and major threats to the health of mother and child, and the resulting newborns have a higher percentage of birth defects, developmental difficulties, and a poorer life and health expectancy than the average for our society. Such children are often not released for adoption and thus get caught in the web of foster care and welfare systems, possibly entering lifetimes of dependency and costly social interventions. The tendency of this pattern to pass from generation to generation is very marked and thus serves to perpetuate a cycle of social and educational failure, mental and physical illness, and serious delinquency.

Because of these considerations, and in the interest of public welfare, the American Psychiatric Association

1) opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to any segment of the population; 2) reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of

<sup>2</sup> In 1964, a magazine called *Fact* asked 12,000 psychiatrists if they would be willing to diagnose conservative presidential candidate Barry Goldwater. Of the more than 2000 that responded 1,189 responded that he appeared to have a 'personality disorder'—that slippery category between psychosis and neurosis. The headline proclaimed (under the magazine's title 'fact:') that "1,198 Psychiatrists Say Goldwater Is Psychologically Unfit To Be President! You may recall that the 1964 election witnessed Johnson's famous 'Daisy' ad, which suggested that the election of Barry Goldwater would lead to nuclear annihilation.

For a brief history see Pinsker, H. (2007). "Goldwater Rule' History", *Psychiatric News*, 42 (15), p. 33 (<http://pn.psychiatryonline.org/content/42/15/33.1.full>)

choice - psychiatrists may be called on as consultants to the patient or physician in those cases in which the patient or physician requests such consultation to expand mutual appreciation of motivation and consequences; and 3) affirms that the freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications. (Available at <http://www.psych.org/Departments/EDU/Library/APAOfficialDocumentsandRelated/PositionStatements/197703.aspx>)

You'll recall that the US Supreme court decided that abortion was covered by the constitutional dictate to a 'right to privacy,' thereby blocking all laws that had kept abortion illegal.

You can mine the history of both of these issues for arguments in favor of your proposal. You should also look at Principle 5 of the APA Ethical Standards of Psychologists for support.

You should organize your efforts on these matters with the other women in the organization. As you'll notice from the brief history in the gamebook, the APA had women members since its second year of existence, and Mary Whiton Calkins was a president in its 12th year (1905). There has not, however, been a woman in a leadership position since that time. You are a serious candidate to be the first woman president in over 50 years.

### *Specific Assignment*

#### **Initial Committee Membership**

Member of the Research Committee, with term expiring in 1972.

**Committee 1 (Tyler)** Initial member of the Research Committee, with term expiring in 1972

#### **Demedicalization**

Indeterminate

#### **Research**

You should present a paper introducing your view of counseling and a 'hopeful' psychology (based on your actual 1973 presidential address) whether or not you are elected president. If elected president, this should be your presidential address. If not, you'll have to propose it as a conference paper to the Program committee.

**Proposal 1 (Tyler)** Propose the Leona Tyler principle. (probably 1973)

#### **Association Business /DSM-III**

Run for President as early as possible. When President, propose and pass the principle quoted above—which becomes known as 'The Leona Tyler Principle.'

**Writing Assignment 1 (Tyler)** present a paper introducing your view of counseling and a 'hopeful' psychology (probably 1973)

**Writing Assignment 2 (Tyler)** You may join Chomsky and Clark's symposium on the responsibility of social scientists



### **Social responsibilities of social scientists**

Your proposed principle sparks a debate across the APA on the appropriate role of social scientists in social change. Chomsky and Ken Clark oppose your view. You will need allies.

### **Definition of 'mental illness' and fission of the APA**

You are neutral on the issue of the definition of mental illness, so long as it is clearly not gendered in any way.

## **13.3** *Must Read*

### *Primary Sources*

Tyler 1973

### *For further research*

Tyler 1953

### *Secondary Sources and Other Relevant Work*

Zilber, S. M. & Osipow, S. H. "Leona E. Tyler (1906- )" in *Women in Psychology: a bio-bibliographic sourcebook*, O'Connell, A. N. & Russo, N. F. (1990). Greenwood Publishing



## 14 Robert Spitzer, MD

Starting Credibility: 5

### 14.1 *Your Biography*

You are Robert Spitzer, psychiatrist. You were recently profiled by Alix Spiegel, grandson of John P. Spiegel, for the New Yorker (issue 2005-01-03). It is available online at <http://metzelf.info/articles/Spitzer.html>

Allow me to quote excerpts of that article here:

"In the mid-nineteen-forties, Robert Spitzer, a mathematically minded boy of fifteen, began weekly sessions of Reichian psychotherapy. Wilhelm Reich was an Austrian psychoanalyst and a student of Sigmund Freud who, among other things, had marketed a device that he called the orgone accumulator — an iron appliance, the size of a telephone booth, that he claimed could both enhance sexual powers and cure cancer. Spitzer had asked his parents for permission to try Reichian analysis, but his parents had refused—they thought it was a sham—and so he decided to go to the sessions in secret. He paid five dollars a week to a therapist on the Lower East Side of Manhattan, a young man willing to talk frankly about the single most compelling issue Spitzer had yet encountered: women. Spitzer found this methodical approach to the enigma of attraction soothing and invigorating. The real draw of the therapy, however, was that greatly reduced Spitzer's anxieties about his troubled family life: his mother was a "professional patient" who cried continuously, and his father was cold and remote. Spitzer, unfortunately, had inherited his mother's unruly inner life and his father's repressed affect; though he often found himself overpowered by emotion, he was somehow unable to express his feelings. The sessions helped him, as he says, "become alive," and he always looked back on them with fondness. It was this experience that confirmed what would become your guiding principle: the best way to master the wilderness of emotion was through systematic study and analysis.

Robert Spitzer isn't widely known outside the field of mental health, but he is, without question, one of the most influential psychiatrists of the twentieth century. It was Spitzer who took the Diagnostic and Statistical Manual of Mental Disorders — the official listing of all mental diseases recognized by the American Psychiatric Association (APA) —

and established it as a scientific instrument of enormous power. Because insurance companies now require a DSM diagnosis for reimbursement, the manual is mandatory for any mental-health professional seeking compensation. It's also used by the court system to help determine insanity, by social-services agencies, schools, prisons, and government, and, occasionally, as a plot device on "The Sopranos". This magnitude of cultural authority, however, is a relatively recent phenomenon. Although the DSM was first published in 1952 and a second edition (DSM-II) came out in 1968, early versions of the document were largely ignored.... Spitzer first came to the university as a resident and student at the Columbia Center for Psychoanalytic Training and Research, after graduating from N.Y.U School of Medicine in 1957. He had a brilliant medical-school career, publishing in professional journals a series of well-received papers about childhood schizophrenia and reading disabilities. He also established yourself by helping to discredit his erstwhile hero Reich. In addition to his weekly sessions on the Lower East Side, the teen-age Spitzer had persuaded another Reichian doctor to give him free access to an orgone accumulator, and he spent many hours sitting hopefully on the booth's tiny stool, absorbing healing orgone energy, to no obvious avail. In time, he became disillusioned, and in college he wrote a paper critical of the therapy, which was consulted by the Food and Drug Administration when they later prosecuted Reich for fraud.

At Columbia psychoanalytic, however, Spitzer's career faltered. Psychoanalysis was too abstract, too theoretical, and somehow his patients rarely seemed to improve. "I was always unsure that I was being helpful, and I was uncomfortable listening and empathizing—I just didn't know what the hell to do." Spitzer managed to graduate, and secured a position as an instructor in the psychiatry department (he has held some version of the job ever since), but he is a man of tremendous drive and ambition—also a devoted contrarian—and he found teaching intellectually limiting. For satisfaction, he turned to research. He worked on depression and on diagnostic interview techniques, but neither line of inquiry produced the radical innovation or epic discovery that he would need to make his name.

As you struggled to find your professional footing in the nineteen-sixties, the still young field of psychiatry was also in crisis. The central issue involved the problem of diagnosis: psychiatrists couldn't seem to agree on who was sick and what ailed them. A patient identified as a textbook hysteric by one psychiatrist might easily be classified as a hypochondriac depressive by another. Blame for this discrepancy was assigned to the DSM. Critics claimed that the manual lacked what in the world of science is known as "reliability" — the ability to produce a consistent, replicable result — and therefore also lacked scientific validity. In order for any diagnostic instrument to be considered useful, it must have both.

Spitzer had no particular interest in psychiatric diagnosis, but in 1966 you happened to share a lunch table in the Columbia cafeteria with the chairman of the DSM-II task force."

According to Spiegel, you struck up a conversation, got along well, and by the end of the meal you had been offered the job of note-taker on the nomenclature committee. You were soon promoted to the chairmanship, which you hold when the game begins.

## 14.2 *Game Objectives*

Your main concern is the perceived lack of legitimacy of psychiatry and psychology in the scientific community at the end of the 1960's. Thomas Szasz's critiques of mental illness struck a chord in you. You worry that the current classification system—especially the concept of 'neurosis'—is unreliable in the technical sense discussed in the 'Research methods' section of the gamebook. You worry that the public perceives psychiatry as convenient politically, particularly insofar as it's history is so closely tied to military needs. And most importantly, you believe that the classification of disease in terms of hypothetical causes that have no basis in biology makes psychiatry the laughing stock of contemporary medicine.

### *Declassification: 1971–1973*

At the beginning of the game, you believe (at least you report that you believe) that homosexuality is a disorder.

Your role in this process is extraordinarily complicated, and the historical materials available contradictory and potentially disingenuous. That means that you, as the student, will have to make some decisions about Spitzer's real motivations. Here's the story as it is usually told:

In 1972, you 'just happen' to attend a session on behavioral therapy for homosexuality. There, you are confronted by Ron Gold, a journalist and gay activist, on why you believe homosexuality is a disorder. He challenges you to cite reliable evidence, but you can't (you think Socarides and Bieber are Freudian ideologues). You agree to set up a meeting with the nomenclature committee and a symposium in 1973 (in the game, Kameny & Gittings will arrange it if they are characters). Gold then invites you and other members of the nomenclature committee to a secret meeting of the Gay-PA to happen at the Honolulu conference in 1973. You agree to go. While many of the psychiatrists at the meeting were distinctly uncomfortable with your presence, you witness an event that you report changed your life. The NPR program "This American Life" produced a wonderful episode titled '81 words' that covers the story. I'll quote the crucial scene here. Alix Spiegel, the reporter, is the grandson of J. Spiegel.

Ronald Gold: I got invited to it but I was told you know keep it all very quiet and don't say anything and just come to this bar and we'll all be

there. So I decided to invite Spitzer to come to this because he had told me essentially that he didn't know any gay psychiatrists and wasn't quite sure there were any. And I said, you just come along.

Alix Spiegel: Ron warned Spitzer not to say anything, he was instructed not to speak, or stare, or indicate in any way that he was anything other than a closeted gay man.

Ronald Gold: But once he got there and saw that the head of the Transaction Analysis Association and the guy who handed out all the training money in the United States, and the heads of various prestigious psychiatry departments at various universities were all there, he couldn't believe it. And he started asking all these dimwitted questions...

Alix Spiegel: Such as?

Ronald Gold: Oh I can't remember, but questions that no gay person would ask.

Alix Spiegel: At the time members of the GayPA were still completely hidden. They hadn't been active in the struggle to change the DSM; they were too fearful of losing their jobs to identify themselves publicly. So when Robert Spitzer, an obviously straight man in a position of power at the APA, appeared at the bar the men of the GayPA were completely unnerved.

Ronald Gold: So the grand dragon of the GayPA, whoever he was I can't remember now, came up to me and said, 'Get rid of him, get him out of here! You've got to get rid of him.' And I said I'm doing nothing of a kind, he's here to help us and you are not doing anything.

Alix Spiegel: And that's when it happened. There in front of Robert Spitzer and the grand dragon of the GayPA. There in the midst of neon coloured drinks and grass skirted waitresses a young man in full army uniform walked into the bar. He looked at Robert Spitzer, he looked at Ronald Gold, he looked at the grand dragon of the GayPA. And then the young man in uniform burst into tears. He threw himself into Ron's arms and remained there, sobbing.

Ronald Gold: Well I had no idea who he was. It turned out he was a psychiatrist, an army psychiatrist based in Hawaii who was so moved by my speech, he told me, that he decided he had to go to a gay bar for the first time in his life. And somehow or other he got directed to this particular bar and saw me and all the gay psychiatrists and it was too much for him, he just cracked up. And it was a very moving event, I mean this man was awash in tears. And I believe that that was what decided Spitzer, right then and there, let's go. Because it was right after that that he said, 'Let's go write the resolution.' And so we went back to Spitzer's hotel room and wrote the resolution.

This is an incredible story. And it may be true. But there are some problems with the standard tale.

When questioned why you would meet the activists in 1972, you quipped “I could think of no reason not to.” But here is what is wrong with this standard narrative: you (as Spitzer) were already chair of the nomenclature committee when you attended Socarides’ session on behavioral therapy. Everyone knew who you were, and what you had been tasked with. Everyone knew that the APA was going to make a major decision in 1973 on homosexuality, and that that decision was the responsibility of the nomenclature committee. At the same time, you knew, given the protests in 1970 and 1971, that this panel was probably going to be shut down by protesters. With the distance of history, we now know that the protesters had maps of the conference hotel with their plans to disrupt this session laid out in detail. Some of these maps may well have made their way into the hands of the APA administration – i.e. you. So why were you there?

Spitzer reports not changing his mind about homosexuality until the events at the Tiki bar – but the proposal was put forward by Spitzer and passed at the same conference that the Tiki bar event took place. Despite what Gold and you say, it seems that there is not enough time to orchestrate such an important move with the careful, deliberate method you managed in the handful of days at a conference.

Third, this standard story leaves out the contributions of Judd Marmor and John Spiegel, both of whom worked hard to draft the proposal, and push it through the executive board in 1973.

We leave it up to you (the student) to determine if Spitzer really did change his mind in 1973, or if he knew what he was doing all along. What you have to accomplish between 1971 and 1973 is:

Work with Judd Marmor and John Spiegel to draft a proposal to remove homosexuality from the list of mental disorders as they appear in the DSM-II. Balance the psychoanalysts, who may worry about their position of power in the psychiatric community, with the demands of the gay activists and the evidence produced by Hooker and Marmor that homosexuality is not per se damaging to the mental health of the individuals. The original wording of Spitzer’s proposal (which you should not copy, but use as a model) is available – see the game master for the PDF. It is APA Position Statement 197310.

You wish to retain, however, a diagnosis for those who believe that their homosexuality is damaging to their mental health, and who seek out help for homosexuality. This new category, which you wish to call ‘Sexual Orientation Disturbance,’ is meant to provide a middle ground position between Marmor and Socarides, as it would allow treatment for individuals who found their homosexual orientation disturbing, thus producing subjective distress. At the same time, it said nothing about those homosexuals who were comfortable with

their orientation.

After the vote in 1973, petition the board for the dissolution of the nomenclature committee, which will be replaced by a task force to rewrite the DSM. This task force should be entirely under your control, from the appointing of members to the criteria of completion.

### *Task Force: 1973–1975*

The first thing you must do is propose how the new DSM will be written. You want the new DSM to be reliable across psychiatrists. Currently, the same behaviors could be classified as different diseases depending on the psychiatrists' theoretical commitments to the origin of those behaviors. You want to change the taxonomy so that psychological disorders are classified according to "the criteria that have been shown by research study to have some validity in terms of variables such as course, response to specific therapy, familial pattern, etc," (1979) thereby unifying diagnosis across theoretical traditions.

### **Proposed Study**

Propose to the research committee a meta-study of existing research on the reliability of psychiatric diagnosis according to Cohen's Kappa. There are five existing studies available to survey:

- Schmidt, H. O. & Fonda, C.P. (1956) "The reliability of psychiatric diagnosis: a new look" *J abnor. Soc., Psychol.*, 52, 262–7 - 426 patients admitted to a state hospital in CT.
- Kreitman, N. (1961) "The Reliability of Psychiatric Diagnosis" *J ment. Sci.*, 107, 876–86 – 90 consecutive new referrals to an out-patient clinic in England
- Beck, A.T., Ward, C.H. Mendleson, H., Mock, J.E. & Ebaugh, J.K. (1962) "Reliability of psychiatric diagnosis: 2. A study of consistency of clinical judgments and ratings." *Amer. J. Psychiat.* 119, 351–7 - 153 patients randomly selected from new referrals to out-patient services in Philadelphia
- Sandifer, M.G. Hordern, A. Timbury, G.C. & Green, L. M. (1964) "Psychiatric diagnosis: A comparative study in North Carolina, London and Glasgow" *Brit. J. Psychiat.* 114, 1–9 – 91 patients at three hospitals in NC
- The US-UK Diagnostic Project [Cooper, J. E., Kendell, R. E., Gurland, B. J., Sharpe, L., Copeland, J.R.M., & Simon, R. (1972) *Psychiatric Diagnosis in New York and London*, London: Oxford University Press – multiple studies



The details of this meta-study are in Spitzer & Fleiss (1974). Your instructor will specify whether you ought to preform these calculations yourself, and report your findings, or whether you can report the findings of the actual Spitzer and Fleiss, depending on the level of the class and your familiarity with statistics.

### **Defining 'Mental Illness'**

During the process of drafting the definition of 'Sexual Orientation Disturbance', it became clear to you that the lack of a clear definition of 'mental illness' or its corollary 'mental health' was hindering the discussion.

You have two objectives during this period. Your task force has to propose a new definition of mental illness that will be included in the DSM-III. Your group will not actually write the DSM-III for this game (in reality, it took until 1980), but you are to pass two major parts of that process: first, that the classification be based on symptoms and not putative causes; and second, that 'mental disorder' is a subset of 'medical disorder' and should be investigated and treated according to the medical model. These two features make up what the core of what we now call 'descriptive psychiatry.' Prior to this period, a single patient could be diagnosed with different conditions, depending on the theoretical bent of the psychiatrist treating that patient. The unreliability of that classification scheme made many in the medical community—as well as psychiatrists like Thomas Szasz—question the legitimacy of the entire discipline. By unifying and regularizing the diagnostic criteria for psychiatric diagnosis, you can provide a firm basis for justifying psychiatry's role in medicine.

The first of these two tasks entails that you replace the current classification in terms of 'neurosis' and 'psychosis' with evidence-based classifications. Your approach is based on what was called the 'St Louis' approach after psychiatrists at Washington University in St Louis' Barnes Hospital developed it in the 1960s. The approach is summarized in Feighner et al. (1972), which you should present to the APA in 1972.

In Spitzer's own words:

Whereas in the standard system the clinician determines to which of the various diagnostic stereotypes his patient is closest, in the St. Louis system the clinician determines whether his patient satisfies explicit criteria. For example, for a diagnosis of the depressive form of primary affective disorder the three requirements are dysphoric mood, a psychiatric illness lasting at least one month with no other pre-existing psychiatric condition, and at least five of the following eight symptoms: poor appetite or weight loss; sleep difficulty; loss of energy; agitation or retardation; loss of interest in usual activities or decrease in sexual

drive; feelings of self-reproach or guilt; complaints or actual diminished ability to think or concentrate; and thoughts of death or suicide.” (1974, p. 345–6)

The second of these entails that the classifications focus on the treatments of conditions, rather than the causes of the conditions—thus, if two conditions are treated the same, they likely are the same. According to the St. Louis approach, it doesn’t matter if the depressive form of primary affective disorder originates in childhood or recent trauma, the diagnosis—and hence the treatment—would be the same.

Allow me to take a moment to point out your conflict with other psychiatrists: Freud repeatedly asserted that the psychoanalysts was not interested in the outward manifestation of psychosis or neurosis, (e.g. p. 318 of *Introductory Lectures*), but rather in their origin. For Freudian psychiatry, a symptom was only a clue to how the individual mind in question had hidden away the true cause. It was the goal of psychiatry not to describe and classify symptoms, but to understand from where they originated.

In course of this reclassification, it becomes clear to you that constructing a taxonomy of mental disorders without a clear criteria for which conditions should appear in the nomenclature is not a viable strategy (see Sptizer, 1978, p. 15–16). As a part of the redrafting of the DSM-III, you need to convince the APA to create a criteria for identifying mental disorders.

Your strategy is to define ‘mental disorder’ as a subset of ‘medical disorder’. The concept of a ‘medical disorder’ entails (a) negative consequences of the condition, (b) an inferred or identified organic disfunction and (c) an implicit call to action (*ibid*, p. 17). You intentionally use the term ‘disorder’ instead of ‘disease’ or ‘illness,’ as the former does not imply a progressive pathophysiological condition. Classifying medical disorders is an exercise in identifying conditions of organic disfunction that, because of the negative consequences of that condition contain an implicit call to action. Implicit in the call to action is “the assumption that something has gone wrong with the human organism.” (*italics his, ibid* p. 18).

You propose the following definition of mental disorder:

A Medical disorder is a relatively distinct condition resulting from an organismic dysfunction which in its fully developed or extreme form is directly and intrinsically associated with distress, disability, or certain other types of disadvantage. The disadvantage may be of a physical, perceptual, sexual, or interpersonal nature. Implicitly there is a call for action on the part of the person who has the condition, the medical or its allied professions, and society. A mental disorder is a medical disorder whose manifestations are primarily signs or symptoms of a psychological (behavioral) nature, or if physical, can be understood only using psychological concepts. (1978, p. 18)

You should arrange an open session in 1974 to present your proposed definition of mental disorder prior to presenting it to the executive committee for vote in 1975.

Both of your tasks in this time period will put you at odds with psychoanalysts – including those who have been your allies on the removal of homosexuality. While you are welcome to create your own arguments for both of these claims, the strongest argument you probably have is that the DSM-III should be theoretically neutral.

While you championed the removal of ‘homosexuality’ from the list of mental disorders, you are more concerned with the major changes you are attempting in the DSM-III. Since homosexuality is such a flash-point in these debates, you believe it advisable to include a condition for homosexuals who are dissatisfied with their orientation. You would like to propose ‘homodysphilia.’ Members of the taskforce, which you selected, may object to this classification. They will be hard to disagree with— they are, after all, experts in human sexuality who you chose precisely because they had expertise you lacked. But you truly believe that you will not get your changes to pass without a compromise here.

You are amenable to other names: ‘ego-dystonic homosexuality’ may be more to their liking – and it’s a political compromise anyway, so the name doesn’t really matter that much.

## Summary

Your main task is to purge the DSM of taxonomies based in theory in favor of ‘evidence-based’ taxonomies. In your words, you want to remove all diagnoses based on theoretical inter-psychic conflicts, and replace them with diagnoses based on behavior. For example, ‘neurotic depression’ is distinguished from ‘depression’ simply in terms of the notion of the Freudian concept of ‘neurosis’. At the same time, the psychopharmacological treatment for ‘anxiety’ and ‘depression’ are identical. What use is there in taxonomically distinguishing between two conditions for which the treatment is identical—especially if the causes of these conditions are entirely theoretical.

## *Specific Assignments:*

**Initial Committee Membership** Nomenclature committee chair.

## **Demedicalization**

In 1973, work with Ron Gold to draft a proposal to remove homosexuality immediately. The argument here is the one alluded to above: the listing of ‘homosexuality’ in the official nomenclature does more harm

**Committee 1 (Spitzer)** Initial chair of the Nomenclature committee, with term expiring 1976.

**Proposal 1 (Spitzer)** remove homosexuality from 302.00 immediately

than good, and that is unconscionable for a medical doctor.

### Research

Propose a meta-study on the reliability of psychiatric diagnosis in '73, as discussed in the narrative above.

**Research 1 (Spitzer)** *Meta-analysis of the reliability of psychiatric diagnoses, 1973.*

### Association Business /DSM-III

1972, through the Nomenclature committee, propose a new DSM that will be based on descriptions of symptoms, not etiology of the condition.

**Proposal 2 (Spitzer)** *through the Nomenclature committee, propose a new DSM that will be based on descriptions of symptoms, not etiology of the condition.*

Also in '73, propose that the nomenclature committee be disbanded, and the task of producing a new DSM be given to a taskforce under your direction.

**Proposal 3 (Spitzer)** *Also in '73, propose that the nomenclature committee be disbanded, and the task of producing a new DSM be given to a taskforce under your direction.*

### Social responsibilities of social scientists

Indeterminate

### Definition of 'mental illness' and fission of the APA

Hold an open hearing in '74 on the definition of mental illness. The narrative above suggests a course of compromises you may propose. Propose the taskforce definition of Mental Illness in 1975.

**Writing Assignment 1 (Spitzer)** *Present a paper on the Feighner Criteria to the APA in 1972, distinguishing it from the approach of the DSM-II.*

**Fission:** Stick with the APA.

**Proposal 4 (Spitzer)** *Propose the taskforce definition of Mental Illness in 1975.*

## 14.3 *Must Read*

### *Primary Sources*

J Endicott, Robert Spitzer, and DF Klein. 1978. *Medical and Mental Disorder: Proposed Definition and Criteria*. See also Klein, D. "A Proposed Definition of Mental Illness", in the same volume.

Robert Spitzer. 1975. "Research diagnostic criteria (RDC)". *Biometrics research*: 34 (available at <http://www.garfield.library.upenn.edu/classics1989/A1989U309700001.pdf>)

Robert Spitzer and J L Fleiss. 1974. "A Re-analysis of the Reliability of Psychiatric Diagnosis". *The British Journal of Psychiatry* 125, no. 4 (): 341–347

### *Secondary Sources and Other Relevant Work*

Robert Spitzer. 2005. *Wilhelm Reich and Orgone Therapy*. <https://www.srmhp.org/0401/spitzer.html>. (Spitzer reflectis on

the story of his involvement with the debunking of Wilhelm Reich's 'Orgone Energy' 53 years later)

Joseph D Matarazzo. 1983. "The reliability of psychiatric and psychological diagnosis". *Clinical Psychology Review* 3, no. 1 (): 103-145



## 15 Thomas S. Szasz, MD

Starting Credibility: -10

### 15.1 Your Biography

You are Thomas S. Szasz, MD, Professor of Psychiatry at State University of New York at Syracuse.

In 1960, you published *The Myth of Mental Illness* (T. Szasz, 1960), which defends your view that “there is no such thing as ‘mental illness’” (p 1). To you, psychiatry and psychology are the study of human behavior. Scientists who practice these fields engage in the most common of all human behaviors: they talk to people. Their regular use of terminology like ‘patient,’ ‘diagnosis,’ and ‘treatment’ obscures this fact and makes us think psychiatrists are doing something other than simply communicating. Worse yet, the use of nouns like ‘libido’ and ‘psychic energy,’ implies objects that can be studied, and hence, when we use them, we think we’re talking about some actual thing rather than just a mere theoretical construct. All of this medicalizes normal human behavior, and makes normal human communication a ‘treatment.’<sup>1</sup>

Your views have not, shall we say, been received with open arms. In 1961, The Commissioner of the New York State Department of Mental Hygiene publicly demanded that you be fired from your tenured position, on the grounds that your views—as articulated in *The Myth of Mental Illness*—were inconsistent with your position as Professor of Psychiatry. These events added to your notoriety, making you widely known, but often misrepresented.

You are often accused of ‘not believing in mental illness.’ That isn’t quite right. The phrase ‘mental illness’ is, after all, a noun phrase. That means it denotes an entity or a state of being. You do not deny that there are people who behave in ways that are destructive to themselves and others; nor do you deny that talking to another person—especially one trained in communication—can be very helpful indeed. But you do deny that there is any *thing* called ‘mental illness.’ That is, you deny that the phrase ‘mental illness’ refers to an entity or a

<sup>1</sup> The careful reader will notice that your critiques here parallel the ‘idols’ outlined by Francis Bacon in his classic *Novum Organon*. See the discussion of Bacon in the ‘History of the Definition of Mental Illness’ in the gamebook.

state of being. If it has any meaning at all, it refers to a set of actions or behaviors.

The Philosopher of Science Karl Popper heavily influences your reasoning for this position. Popper famously held that for an area of inquiry to be scientific, it had to make bold, surprising conjectures that were, in principle, falsifiable. This was the criterion of demarcation between scientific inquiry and ‘pseudoscientific’ inquiry: if a theory was able to explain away any possible phenomenon that might threaten that theory, that theory was thereby pseudoscientific, rather than scientific. To be scientific, a theory must make claims that might be wrong. The more explicit a theory is in specifying the ways in which it might be wrong, the more that theory is scientific. One of Popper’s famous and controversial examples was Freudian psychoanalysis.<sup>2</sup> According to Popper, Freudianism had developed to such a point that any evidence presented against the theory would be incorporated into the theory by Freudians as evidence for ‘repression’ or ‘sublimation.’ Famously, he pointed out, Freud was never, himself, psychoanalyzed. When asked why, he would retort that he ‘did it himself,’ but that response was frequently rejected as illegitimate when produced by his patients.

But Popper went a step further. He also questioned the doctrine of ‘historicism’ that he saw underlying much of social and psychological “science” of the early 20th century (Popper, 1957). Popper believed that the founders of the ‘human sciences’ had become enamored with the progress made by the ‘natural sciences’ in the 18th and 19th centuries. This progress rested largely on the belief that for any given event in the physical world, one could fully explain that event by specifying the physical conditions of the world prior to that event. In short, that all physical events were physically determined by pre-existing states of affairs. Early psychologists and sociologists adopted this belief wholesale, and inappropriately assumed that in order to explain the actions of a person or a society, one only need to look at the pre-existing conditions, and wait for the laws of nature to take their course. The most obvious example of this reasoning is the work of Karl Marx, who held that socialist revolution was the inevitable arc of human development.

The same kind of reasoning exists in Freudian and Jungian psychology. Each of them believes, largely as a hypothesis not a defended conjecture, that a true explanation for a person’s behavior is one that specifies the relevant events in that person’s childhood. This belief can be found in the earliest history of psychiatry and psychology (see the “Psychoanalysis” section of the gamebook).

You reject all of this. To you, the human being cannot be explained in these historicist or deterministic ways. Communication between

<sup>2</sup> Actually, this is historically inaccurate. Popper did, in fact, use Freud and Adler, along with Marx, as his primary examples of pseudoscientific research in *Conjectures and Refutations* (1962), which was published after Szasz’ *The Myth of Mental Illness*. Popper’s work before 1960 includes his *The Logic of Scientific Discovery* (1959), which lays out the theory of falsifiability as demarcation criterion, but does not illustrate it with Freudianism. In the same way, his 1945 *The Open Society and Its Enemies*—which Szasz cites as influential—contains a few off-hand comparisons between Freud and Marx, but does not articulate the connection in a systematic way.



people is not determined by psychosocial antecedents. It is free and voluntary.<sup>3</sup>

Thus, to you, psychiatry should be based on the analysis of what you call 'sign-behavior': the manipulation and interpretation of symbols for the sake of communication by humans. Psychiatry constructed in this way, you argue, would less resemble medicine than it would other traditional disciplines focused on the understanding of symbols and their manipulation: philosophy, linguistics, semiotics, etc. On the other hand, the brain is best understood using the terminology of biology and chemistry, and the new and improving field of neurology and neuroscience. Psychiatry as practiced today is trapped by its own nomenclature, which descends from the unfortunate identification with medicine and the idealization of historicist explanations.

Consider, for example, the following passage in the *Myth of Mental Illness*:

There is, as I noted before, a serious discrepancy between what psychotherapists and psychoanalysts *do* and what they *say they do*. What they do, quite simply, is to communicate with other persons (often called "patients") by means of language, nonverbal signs and rules; they analyze—that is, discuss, explain and speculate about—the communicative interactions which they observe and in which they themselves engage; and they often recommend engaging in the same types of conduct and avoiding others. I believe that these phrases correctly describe the actual operations of psychoanalysts and psychosocially orientated psychiatrists. But what do these experts tell themselves and others concerning their work? They talk as if they were physicians, physiologists, biologists or even physicists. We hear about "sick patients" and "treatments," "diagnoses" and "hospitals," "instincts" and "endocrine functions," and, of course, "libido" and "psychic energies," both "free" and "bound." All this is fakery and pretense whose purpose is to "medicalize" certain aspects of the study and control of human behavior. (p 4–5)

Another common theme in your work is the comparison between advocates of psychiatry and religious zealots. In the *Myth of Mental Illness*, you claimed:

While Freud criticized revealed religion for the patent infantilism that it is, he ignored the social characteristics of closed societies and the psychological characteristics of their loyal supporters. He thus failed to see the religious character of the movement he himself was creating. It is in this way that the paradox that is psychoanalysis—a system composed of a historicist theory and an antihistoricist therapy—come into being. (p 7)

In this case, Freud himself is at fault for failing to anticipate the fervor with which his followers would pursue his theory. It is the psychoanalysts of today who have turned psychiatry into an ideology.

<sup>3</sup> The historian of ideas may notice that this view is Kantian in nature: human language, which is the essential, identifying ability of humanity, is itself uncaused and spontaneous.

Your most recent book, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, argues that society constantly worries about the unknown and threatening, whether those come from outside or inside the particular society. Throughout the ages, charlatans have offered society comfort and security in the form of witchcraft and religion. By classifying and controlling a perceived threat from the 'mentally ill', psychiatry has taken over this role as 'protector'. And hence, is not significantly different than those who prosecuted the Spanish inquisition (T. S. Szasz, 1970).

## 15.2 *Victory Objectives*

Take your role as gadfly seriously. Question everyone and everything. Object strongly to speakers to assert, without evidence, explanations that appeal to non-existent entities, or that classify actions (behaviors) as states of being.

The re-writing of the DSM is an important moment in the history of psychology. While you agree with many of the critiques of the DSM-II, you worry that those leading the charge for a new DSM have ulterior motives. The economics of medicine is increasingly dependent upon both medical insurance (a new entity in the American economy) and pharmaceuticals. Both of these entities are highly regulated; and both insist on careful categorization and 'scientific reliability' before paying for treatments. You suspect that some of the individuals (including Robert Spitzer) involved in the rewriting of the DSM are motivated not by a dissatisfaction with the scientific validity of existing categories like you, but rather to create a diagnostic manual that will meet the requirements of the insurance and pharmaceutical companies. A DSM that results from these pressures, and not intellectual virtues, will reflect more the demands of economic policy than concern for patients well-being.

At the same time, you want to promote your theory of psychiatry as analysis of sign-behavior as a relevant alternative to psychoanalysis. To that end, you strongly support anything that characterizes psychology as talk-therapy, but reject any attempt to replace talk therapy with psychoactive drugs.

When, and if, the game reaches a point of attempting to define mental illness, you need to propose, and work to pass, an official statement from the APA that states:

There is no 'thing' called 'mental illness,' only sets of behaviors that may be destructive to an individual and his or her society.

### Game Strategy

Your notoriety is a double-edged sword. Yes, people listen when you talk. But most people at the APA publicly disagree with everything you say. That does not mean that they don't privately agree.

You are, in many respects, like the Socratic gadfly. You question the hidden assumptions upon which the entire industry of psychiatry and psychology is built. So while some may privately agree with your arguments, they suspect that your position would undermine their livelihoods, and hence will do nothing to support you in public.

It is important then not to make grand public pronouncements that will alienate your colleagues. The fact is that you believe that psychiatry, correctly constructed, does have an important role to play in contemporary society. You are thrilled that the APA has decided to drop the DSM II. But you are deeply concerned about what will replace it. You need to find ways to work with your colleagues to ensure that the new version of the DSM avoids hollow, meaningless terminology 'libido', avoids pseudoscientific (i.e. not falsifiable) claims, and remains cognizant of the dangers of medicalizing normality.

## 15.3 Specific Assignments

### Initial Committee Membership

No committee membership at the beginning, but is eligible to run for any.

### Demedicalization

Officially neutral, but since you're against the medicalization of *all* psychological conditions, you are like in support.

### Research

Propose a study of the practice of hospitals with the mental ill based on Rosenhan, 1973. The Game Master has a summary for you to review, but basically, coach a number of collaborators on symptoms of schizophrenia that are likely to get them admitted to a psychiatric hospital. Send them out with instructions to get admitted. But once admitted, they should all stop their "symptoms" immediate, and record how long it takes them to be released.

### Association Business /DSM-III

No specific views on the individual issues related to the DSM-III,

**Proposal 1 (Szasz)** *Propose there is no thing called 'mental illness', only sets of behaviors that may be destructive to an individual and his or her society as an alternative to the Spitzer Taskforce proposal in 1975.*

**Research 1 (Szasz)** *Propose either a paper in which you critique the medical model used by psychiatry, or collaborate with G. Albee on a symposium on the medical model. This would be best presented in 1972, before the DSM-III is in the works.*

**Writing Assignment 1 (Szasz)** *Present a version of your argument in \*Myth of Mental Illness\* during the symposium on the 'Medical model' in 1972. This is already on the schedule, so you should get working now.*

but your views that Mental Illness is a myth means your essentially opposed to the whole project.

Oppose the proposal to create a division to study the psychology of women—not because you think women are somehow lesser than men, or not worthy of help, but because you fear that the formalizing a discipline of the psychology of women would ‘medicalize’ the state of being a woman. And that’s simply crazy.

### Social responsibilities of social scientists

Oppose the proposal to create a special committee on the psychology of women and the committee on women in psychology, NOT because you are sexist, but for three reasons (1) it isn’t clearly distinguished from other areas of psychology, such as ‘social psychology’, (2) the name itself is separatist and exclusionary and (3) the organization seems to be a pressure group affiliated with feminist political causes.<sup>4</sup> (the last of these can be tied to the Leona Tyler principle).

### Definition of ‘mental illness’ and fission of the APA

Warning: Your arguments against psychiatry are almost entirely against psychoanalysts. You argue that ‘mental illness’ cannot be a disease because it has no basis in physiology. But the growing success of psychopharmacology threatens to derail your argument. In short: you hold that if it is a disease, it must have a physiological explanation. But here’s where you might have a problem: if neuroscience and/or psychopharmacology were capable of providing a coherent explanation of schizophrenia, for example, would you allow schizophrenia as a genuine mental illness? Or would still hold that ‘mental illness’ is only a metaphor for human behavior?

<sup>4</sup> There is no evidence that the real Szasz actually put forward any arguments like these, or that he is against the women’s movement. Quite the contrary: he has long been a supporter of the empowerment of women. But it is consistent with his outspoken libertarianism and his views on science to avoid the rigidification of terms (such as ‘woman’) when they are put into policy. Thus, you must NOT articulate an argument against women’s empowerment, but rather about the ways in which codifying a classification in the official language tends to exclude and reify the identity of a group of people, which then excludes others and leads to self-limitations.

## 15.4 Must Read

### Primary Sources

Karl Popper. 1959. *The logic of scientific discovery*

Thomas Szasz. 1960. “The Myth of Mental Illness”. 15:113–118  
available at <http://psychclassics.yorku.ca/Szasz/myth.htm>

Thomas S Szasz. 2011. *The Myth of Mental Illness*. Foundations of a Theory of Personal Conduct. Harper Collins

Thomas Szasz. 1997. *The manufacture of madness*. A comparative study of the inquisition and the mental health movement (See esp. the chapter titled “The Modern Psychiatric Scapegoat - The Homosexual”)

*Secondary Sources and Other Relevant Work*

Jeffrey Oliver. 2006. "The Myth of Thomas Szasz". *The New Atlantis: A Journal of Technology & Society*, no. 13, available at <http://www.thenewatlantis.com/publications/the-myth-of-thomas-szasz>



## 16 Philip Zimbardo, PhD

Starting Credibility: 0

### 16.1 *Your Biography*

You were born in 1933 and grew up in the South Bronx of New York City in a poor, uneducated Sicilian immigrant family. From your experience you learned that people, not material possessions, are our most valuable resource, that diversity should be embraced because it enriches us, and that education is the key to escaping poverty. Your education began in New York Public School 52 and later included Monroe High School (with classmate Stanley Milgram), Brooklyn College (published your first research article on race relations), and Yale University for your PhD (in 1959).

You started your teaching and research career at NYU, but moved to Stanford in 1968, and have remained there ever since.

### 16.2 *Game Objectives*

Propose a study to the research committee based on your infamous 1971 Prison experiment. Do *not* base your proposal on *any* of the stuff you find in popular culture, including that promoted and sold by Zimbardo himself. Go back to the original paper (Haney, Banks, and Zimbardo 1973) and write the proposal based on that.

#### **Initial Committee Membership**

No committee membership at the beginning, but is eligible to run for any.

#### **Demedicalization**

Officially neutral

#### **Research**

Propose a study to the research committee based on your infamous 1971 Prison experiment. Do *not* base your proposal on *any* of the stuff

**Research 1 (Zimbardo)** *Propose a the Stanford Prison Experiment to the research committee.*

you find in popular culture, including that promoted and sold by Zimbardo himself. Go back to the original paper ( Haney, Banks, and Zimbardo 1973) and write the proposal based on that.

### Association Business /DSM-III

#### Social responsibilities of social scientists

Indeterminate

#### Definition of ‘mental illness’ and fission of the APA

You are neutral on the issue of the definition of mental illness.

#### *Specific Assignments*

Write a paper, to be presented at the 1975 conference, on the ethical problems of the 1973 study – you may wish to watch the movie ‘Quiet Rage’ in preparation. The Research committee will likely be tasked with revising the 1968 guidelines for ethical research in wake of your 1973 report. You should have concrete suggestions for those revisions.

#### **Writing Assignment 1 (Zimbardo)**

*Paper on the ethical lapses of the Prison Experiment, with direct reference to the 1968 guidelines, and proposal to revise the ethical guidelines in connection.*

### 16.3 *Must Read*

#### *Primary sources*

Craig Haney, Curtis Banks, and Philip Zimbardo. 1973. “Interpersonal Dynamics in a Simulated Prison”. *International Journal of Criminology and Penology* 1:66–97

Philip G Zimbardo. 19. *The Stanford prison experiment : a simulation study of the psychology of imprisonment conducted August 1971 at Stanford University*. [Place of publication not identified]: [publisher not identified]

#### *Secondary Sources and Other Relevant Work*

- <http://www.zimbardo.com/>
- [http://www.ted.com/speakers/philip\\_zimbardo.html](http://www.ted.com/speakers/philip_zimbardo.html)
- <http://zimbardo.socialpsychology.org/>
- <http://psychology.about.com/od/profilesmz/p/philip-zimbardo.htm>



## 16.4 *Psychoanalyst Overview*

The central issue in this game—whether it be voiced in the selection of experiments to be run via the grants committee or in the classification of mental illness in the nomenclature committee—is the nature of the scientific investigation of the human mind. For the psychoanalysts, as opposed to the behaviorists, the science of the mind is not about predicting and controlling behavior. It is about discovering the true things about our minds. Thus, a treatment or theory is judged as ‘good’ or ‘working’ not if it changes the behavior of a person, but whether or not that person gains insight into their own mind.

When practicing a technique like free association or transference, a psychoanalyst does not seek to discover what a given symbol means to everyone, as a matter of a law-like generalization. Rather, a psychoanalyst seeks to discover what a given symbol means to the person being analyzed. It follows that a given discovery may not generalize over individuals. But that does not mean that that discovery is wrong or false. It stands to reason, then, that the truths of psychoanalysis are fundamentally individualistic, and as a result, one does not have the ground to criticize psychoanalysis until one has experienced psychoanalysis first hand.

The central task for this game will be to create a coherent notion of ‘mental illness’ or ‘mental disorder’ — homosexuality is only the tip of the iceberg. When the game reaches that point, all psychoanalysts must work together to preserve a psychoanalytic understanding of mental order and mental disorder in terms of the dynamic hypothesis (see the game book for a definition). The proposed definition should be something like:

A person is mentally ill when he or she suffers from internal conflicts that may be subconscious or unconscious, manifesting behavior that is unwanted or disturbing to the individual or the society.

**Proposal 1 (Psychoanalysts)** *A person is mentally ill when he or she suffers from internal conflicts that may be subconscious or unconscious, manifesting behavior that is unwanted or disturbing to the individual or the society.*



## 17 Richard Green, MD

Starting Credibility: 2

### 17.1 Your Biography

You were born in 1936 in Brooklyn, New York. You earned your A.B. from Syracuse University in 1957, your MD from Johns Hopkins University School of Medicine in 1961. At Johns Hopkins you studied with John Money, and continued to work with him throughout your career.

Money and you collaborated on a series of studies of so-called 'sissy boys' when you were still ABD starting in the 1960s. This collaboration has yielded a number of studies, including your recent paper "Mythological, historical, and cross-cultural aspects of transsexualism" which is included in your co-edited book *Transsexualism and Sex Reassignment*. Transsexualism has become your life-long research topic.

You are dissatisfied today with the state of the science of sexuality, in part because it is too dominated by theoretical positions and not by empirical research. Moreover, research into sexuality is conducted by individuals in many different disciplines, and there is no single organization or journal that can unify all the researchers from all these disciplines.

Your goal is to create an organization that can promote and defend the empirical, scientific study of sexuality in the U.S. and abroad.



Figure 17.1: Manuscripts and Archives Division, The New York Public Library. (1972 - 1972). *Barbara Gittings confronts Richard Green and colleague #2* Retrieved from <http://digitalcollections.nypl.org/items/510d47e3-8323-a3d9-e040-e00a18064a99>.

### 17.2 Game Objectives

You have a long-standing friendship with both Harold Lief and Diane Fordney-Settlage, support here when and where appropriate.

You should argued forcefully in favor of the removal of 'homosexuality' from the DSM. You argue that the grounds for deciding the issue should be the "historical and cross-cultural groundings in homosexual expression, associated psychiatric features accompanying a

homosexual orientation, the emotional consequences to the homosexual of societal condemnation, and behaviors of other species.”

You should oppose, however, efforts of the Board of Directors to put it to a public vote, saying that such “a shotgun marriage between science and democracy” was “ludicrous.” A true scientific principle, that is supported by data, need not have public support to be the right thing to do.

### *Specific Assignment*

#### **Initial Committee Membership**

No initial memberships, but eligible for any position

#### **Demedicalization**

Working with J. Spiegel, petition the Board of Directors in 1971 to create a task force to conduct a historical survey and literature review on the Psychiatric and Psychological treatment of homosexuality. The task force should be balanced between psychologists and psychiatrists, so you need a psychiatrist to support the effort – E. Hooker and G. Albee are a good choices. Prepared to turn in a report by 1972.

Oppose any effort to put the issue of demedicalization to a vote of the general membership.

#### **Research**

J. Spiegel and you should co-author the history of homosexuality report. You should invite responses to your paper from Socarides & Beiber and Judd Marmor.<sup>1</sup>

Propose a sample experiment about counseling – the gamester has an example for you to work from.

#### **Association Business /DSM-III**

Propose a new journal titled *Archives of Sexual Behavior* to the Board in 1973. If they do not agree, create it when you create the International Academy of Sex Research (IASR) in 1975.

Get on the Spitzer Taskforce to rewrite the DSM. You should adamantly oppose any efforts to reintroduce homosexuality—in any form—to the nomenclature. If Spitzer tries to introduce something like ‘homodysphilia’ or ‘ego-dystonic homosexuality’, resign from the task force in a grand, public way (like storming out of class).

**Proposal 1 (Green)** Propose a task force to study the history of the treatment of homosexuality, and its basis in evidence.

<sup>1</sup> Richard Green’s actual paper of the same title was published in 1972 (see ‘Must Read’).

**Research 1 (Green)** Propose ‘Clinic in an undergraduate classroom’ (Bringing the Clinic into the Undergraduate Classroom subsection B on p. GM199) to the Research committee in ‘74 or ‘75.

**Proposal 2 (Green)** Propose a new journal titled \*Archives of Sexual Behavior\* to the Board in 1973

**Writing Assignment 1 (Green)** With Spiegel, write a report (due in 1972) should be titled “Homosexuality as Mental Illness,” and it should summarize the issues at stake in forthcoming debate, as well as cover the history of the classification of homosexuality by the psychological sciences

## Social responsibilities of social scientists

Indeterminate

### Definition of 'mental illness' and fission of the APA

*When, and if, the game reaches a point of trying to define mental illness, you must pass a psychoanalytic interpretation of mental disorder /illness.*

*Fission: Found (with E. Hooker) the International Academy of Sex Research, and take the Archives of Sexual Behavior with you.*

## 17.3 Must Read

### Primary Sources

Richard Green and John Money. 1961. "EFFEMINACY IN PREPUBERTAL BOYS: Summary of Eleven Cases and Recommendations for Case Management". *Pediatrics* 27, no. 2 (): 286–291

**Green:QRAikcvC**

Richard Green. "Homosexuality as a mental illness." *psycnet.apa.org*

Katrina Fox. *Vancouver - The Richard Green Interview*. [http://web.archive.org/web/20030609051314/http://www.rfts.a.se/rich\\_greene.html](http://web.archive.org/web/20030609051314/http://www.rfts.a.se/rich_greene.html)

### Secondary Sources and Other Relevant Work

I L Reiss. 2006. *An Insider's View of Sexual Science Since Kinsey*. Rowman & Littlefield



## 18 Robert Hopcke, MD

Starting Credibility: 0

### 18.1 *Your Biography*

You are Robert Hopcke. Your character is actually a bit of a historical anachronism.

The other characters in this game were actually around in the early 1970s, typically in their 40's and 50's at the time. You were not. In fact, your first book doesn't appear until 1989. That means that today, in 2011, you are active in psychoanalytic circles. Your autobiography is available online at <http://www.robhopcke.com/MyProfessionalExperience.en.html>. I'll quote the summary here:

I have two degrees in counseling: a Master of Arts in Theology, with a Pastoral Counseling emphasis, from Pacific Lutheran Theological Seminary, which is the degree under which I received my Marriage and Family Therapist license in 1986, and a second Master of Arts in Clinical Counseling from California State University, Hayward (now Cal State East Bay). My background encompasses a number of different models and approaches. I am most known for being a Jungian-oriented therapist but also important to my professional identity has been formal training in pastoral counseling and spiritual direction, long-term object-relations psychodynamic treatment, cognitive-behavioral approaches to depression, health and sexuality concerns, and many years of being an "out" gay male therapist and activist in the Bay Area GLBT community. I am a best-selling author, public speaker, teacher, supervisor and professional consultant.

We've included you in the game to voice a gay-positive Jungian perspective. Jung, himself, was not very gay-friendly. And those who follow his theory strictly continued that tradition throughout the 1970s. Thus, in order to find a gay-positive Jungian, we have to break the historical accuracy of the game. As a matter of actual history, you didn't publish this perspective on Jungian psychology until the late 1980s, but that is not important here.

## 18.2 *Game Objectives*

Working with your fellow psychiatrists (MD's), create a proposal to limit the treatment of the mentally ill to medical doctors. This should be presented in 1972. Expect a furious response from Albee, and maybe even Szasz. You may choose to work out a compromise with Albee via E. Hooker, who, like you, has multiple degrees.

Your role in this game is to represent the aspect of the Jungian psychoanalytic tradition that was friendly to homosexuals. Jung himself was not. Your primary work has been to reformulate a version of Jungian theory that is consistent with the new taxonomy of sexuality in the DSM. You should present that vision as a paper in 1975.

You should oppose any attempt to remove psychoanalytic language or categories from the DSM. At the same time, you should make sure that the Jungian perspective is protected in the manual.

### *Specific Assignment*

#### **Initial Committee Membership**

Not a member of a committee at the start of the game in 1971, but as a member of the APA, can run for any open seat.

#### **Demedicalization**

You are for demedicalization, but you are also for psychoanalysis.

#### **Research**

Indeterminate

#### **Association Business /DSM-III**

Propose (in 1972) to limit medical care of mentally troubled individuals to hospitals, under the supervision of licensed medical doctors (I.e. Psychiatrists). The Psychologists, specifically Albee, will have counter proposals.

#### **Social responsibilities of social scientists**

Indeterminate

#### **Definition of 'mental illness' and fission of the APA**

Support the psychoanalytic definition of mental illness.

*Fission:* Split to the ApsaA

**Proposal 1 (Hopcke)** *Propose to limit medical care of mentally troubled individuals to hospitals, under the supervision of licensed medical doctors (I.e. Psychiatrists)*

**Writing Assignment 1 (Hopcke)**  
*Prepare a paper reconciling Jungian psychoanalysis with homosexuality. (1975)*



### 18.3 *Must Read*

#### *Primary Sources*

ROBERT H HOPCKE. 1988. "Jung and Homosexuality: A Clearer Vision". *Journal of Analytical Psychology* 33, no. 1 (): 65–80

Robert Hopcke. 1991. *Jung, Junians & Homosexuality*

#### *Secondary Sources and Other Relevant Work*

Cliff Bostock. 1999. *Synchronicity*. [http://www.soulworks.net/writings/paradigms/site\\_047.html](http://www.soulworks.net/writings/paradigms/site_047.html)



## 19 Harlod Leif, MD

Starting Credibility: 2

### 19.1 *Your Biography*

You were born in Brooklyn and attended the University of Michigan, while earning your medical degree from New York University in 1942. You trained in psychoanalysis at Columbia before going to Tulane University in 1951 to be Professor of psychiatry and neurology. In 1967, you were named president of the American Academy of Psychoanalysis. You are a former president of the Sexuality Information and Education Council of the United States.

You were also director of the Marriage Council of Philadelphia and counseled couples. You focused on studying conflicts between spouses and looked at the connection between testosterone levels and sexual desire in both genders.

In the early 1960s, you turned your attention to getting schools to adopt a more serious and scientific approach to teaching medical students about adult sexuality and development.

### 19.2 *Game Objectives*

You have a long-standing friendship with both Richard Green and Diane Fordney-Settlage.

Argue against the Nomenclature's proposal to write the new DSM according to statistics and observations rather than theory and causation. In this case, you are voicing the defense of classical and Jungian psychoanalysis against the growing dominance of psychopharmacology. Review the history of the definition of mental illness in the game book carefully, as well as the DSM-II. You are not necessarily defending the taxonomy presented in the DSM-II, but you are defending the idea that the taxonomy of psychiatric disorders should be made with an understanding of the mental mechanisms of psychoanalysis—specifically the genetic hypothesis.

## *Specific Assignment*

### **Initial Committee Membership**

No initial committee memberships, but eligible for any

### **Demedicalization**

Indeterminate

### **Research**

Indeterminate

### **Association Business /DSM-III**

The Nomenclature committee will probably propose to do away with the etiological basis of the DSMII, restricting any new definitions of mental illness to observable symptoms, not underlying causes. As a Freudian, you need to to oppose this move—in siding with the behaviorist approach to science, it will forever doom psychoanalysis to a second-class citizen in the psychological and psychiatric world.

*How* you oppose this is up to you. You could demand a vote of the membership, in which case you have the support of your faction. Or you may offer a counter-proposal demanding that any additions to the DSM follow the conceptual structures of the previous two editions. Or you could look for a compromise.

If the Nomenclature—or Spitzer, who seems a bit of a control freak—starts a task force for the DSM-III, you must get on the task force or committee that is in charge of writing it. Your primary interlocutor in the previous section was probably Spitzer, so you may have some work to get appointed by him. Therefore you have two options to consider: first, you can oppose the creation of the task force entirely, and then get elected to the nomenclature committee, or you can convince Spitzer to add you to his taskforce once it is created.

### **Social responsibilities of social scientists**

Indeterminate

### **Definition of ‘mental illness’ and fission of the APA**

When, and if, the game reaches a point of trying to define mental illness, you must pass a psychoanalytic interpretation of mental disorder /illness.

**Fission:** Split to the ApsaA

**Proposal 1 (Lief)** *Oppose the Nomenclature committee’s proposal (probably 1972) to update the DSM with definitions based on observable symptoms rather than underlying cause (etiology)*

**Writing Assignment 1 (Leif)** *Paper defending the genetic hypothesis as core to taxonomy in 1974, in opposition Spitzer and his proposed ‘Feighner criteria.’*

**19.3** *Must Read**Primary Sources*

Leif, H. (1964) *The Psychological Basis of Medical Practice*

*Secondary Sources and Other Relevant Work*

Jeremy Pearce. 2007. "Harold I. Lief, Advocate of Sex Education, Dies at 89". *The New York Times* ()



## 20 *Charles Socarides, MD*

Starting Credibility: 4

### 20.1 *Your Biography*

When you were 13, you read a biography of Sigmund Freud and immediately decided to become a psychoanalyst. You were trained in Psychoanalytic Medicine Columbia University Center for Psychoanalytic Training and Research, graduating in 1952.

You have been practicing psychoanalysis in New York City since 1954, focusing on the treatment of homosexuality. You report that 'about a third' of your patients became heterosexual after psychoanalytic treatment. Following Freud, you believe that homosexuality is a neurotic adaptation to unresolved conflict, usually originating in the Oedipal stage of development. You do not argue that homosexuality is immoral in the sense of 'against god's will' or anything like that, you simply believe that it is a maladaptation to normal development. You actually see yourself as an advocate for homosexuals, for you do not believe homosexuality is criminal or immoral, you believe it an illness like any other.

According to a 1995 interview in the NY Times "Socarides offered the closest thing to hope that many gay people had in the 1960s: the prospect of a cure. Rather than brand them as immoral or regard them as criminal, Socarides told gay people that they suffered from an illness whose effects could be reversed."

### 20.2 *Your View*

You are a Freudian, through and through. But more than that, you are a leader in the psychoanalytic treatment of homosexuality. Your theory, that male homosexuality resulted from suppressed feelings of rejection caused by a cold, distant father and a misidentification of gender identity because of an overbearing mother, is orthodoxy. Not only has it become the popular notion of homosexuality in the public discourse, but it informs dominate treatment paradigm in the

psychoanalytic community.

It is not, however, Freud's view. Your theory is 'Freudian,' not Freud. And it is worth pointing out that the theoretical explanation and treatment paradigms for homosexuality are different in England and Europe.

Freud mentions homosexuality a number of places in *Introductory Lectures on Psychoanalysis*, and it is crucially important that you study these carefully. Freud believes that sexual life of children, which is regarded at the time as 'normal' includes a number of activities that would later in life be viewed as 'perverse', including same-sex contact. In Freud's theory, heterosexuality develops with puberty in normal people. In 'inverts' or homosexuals, something goes wrong in this development. The object of ones' 'natural' desire—the genitals of the opposite sex—becomes transformed into parts of the body that represent those parts in the same sex. Thus, homosexuality is no different in psychological mechanism than a foot fetish or any other neurotic 'perversion' (see p. 376–384 of *Introductory Lectures*) Homosexuality is not a psychologically isolated condition. According to Freud:

"We are compelled, however, to regard the choice of an object of one's own sex as a divergence in erotic life which is of positively habitual occurrence, and we are learning more and more to ascribe an especially high importance to it." (p. 381)

In short, homosexuality is a kind of neurosis, yet it is not, itself, particularly worrying. The action itself is merely 'habitual,' and hence can be cured through standard habit-blocking therapy (Freud suggests that paranoia stops homosexuality on p. 381 of the *Introductory Lectures*). It is, however, invariably an indicator of deeper psychological problems, as the transference and substitution of the 'natural' object of sexual desire to a different object will cause neurosis. See Ch 26 of the *Introductory Lectures*, especially p. 530, for Freud's explanation of homosexuality as neurotic narcissism.

For you, Bieber and Socarides, this theory is transformed somewhat. You argue, in your 1962 study *Homosexuality*, that the normal course of development of puberty includes the identification of genders with innate 'active or passive tendencies' (p 4), and then self-identification with one of those tendencies. If a child has an innate tendency towards activity or passivity out of line with his or her gender, he or she is more likely to develop 'homosexual habits'.

At the same time, if an adolescent develops a pathological fear of heterosexual contact—specifically a fear of the gentiles of the opposite sex—that subconscious fear will motivate the ego to transform the object of sexual desire into something that is familiar: a part of the adolescent's own body. These fear are usually the result of some



disturbed parent-child relationship. Just as the Oedipal phase is a normal part of development, fear of the opposite sex is a normal part of development. Heterosexuals are those for whom those fears resolve through maturation.<sup>1</sup>

Homosexuals are, then, those who never fully mature in their sexuality, getting stuck at a stage where children are fearful of the other and fascinated with their own bodies. They pathologically project that self-love onto members of their own gender, instead of resolving their fears through heterosexual exploration.

You characterize Freud's theory of the development of homosexuality in three steps:

1. The autoerotic phase partially persists and object cathexis is partially accomplished, but on a narcissistic level.
2. Mental attitudes that exist during the phallic stage remain into adulthood.
3. There are difficulties associated with the Oedipus phase.

It is worth noting that Bieber's analysis was only of male homosexuality. Freud wrote one study of Lesbianism, which is included in the appendix of the game book.

Regardless of the particulars of your or Freud's view, you are absolutely committed to the thesis that

"All psychoanalytic theories assume that adult homosexuality is psychopathologic and assign differing weights to constitutional and experiential determinants. All agree that experiential determinants are in the main rooted in childhood and are primarily related to the family. Theories which do not assume psychopathology hold homosexuality to be one type of expression of a polymorphous sexuality which appears pathologic only in cultures holding it to be so." (p 18)

### 20.3 *Game Objectives*

During your presentations, you must be able to both articulate the current psychoanalytic understanding of homosexuality and its connection to Freud's theory as presented in Introductory Lectures on Psychoanalysis. You should also be ready to present any evidence that you may have that this theory is accurate. You'll find that evidence in Ch 2 Bieber's 1962 book, listed under 'Must Read' below. The first chapter contains Biebers' critiques of the Kinsey study (p. 16), Hooker's study (p. 17), as well as the movement to declassify homosexuality as a mental illness in the UK (p. 15).<sup>2</sup>

Your theory is summarized in Ch 9 of your 1962 book:

<sup>1</sup> Freud's discussion of the fixation of perversion as distinct from neurosis on p. 446-448 of the Introductory Lectures may be helpful here.

<sup>2</sup> See also Ch 12, ph. 304-306

We consider Homosexuality to be pathologic bio-social, psychosexual adaptation to pervasive fears surrounding the expression of heterosexual impulses. In our view, every homosexual is, in reality, a “latent” heterosexual; hence we expected to find evidences of heterosexual strivings among the H-patients in our study. (p. 220)

As a student, we leave it to you to decide if the evidence presented therein is sufficient motivation for the theoretical mechanism you are proposing.

As the character, you have to make the best case you can for your position – the audience will determine if the evidence you present motivates the mechanism you defend. You have few, if any, friends in this effort. We’re sorry about that, but it is historically accurate. Marmor and Spiegel have begun to be successful in separating psychoanalysis from your views on homosexuality. Your job in this game, then, is to advocate for a position that is almost certainly going to lose.

While you need to make your case, you might want to put most of your energy focusing on something you can win: continuing the dominance of psychoanalysis in psychiatry and allowing treatment for individuals who see therapy for homosexuality voluntarily. The DSM often determines which conditions a therapist can treat in a clinical setting, or get funding to study scientifically. If ‘homosexuality’ is removed entirely, no one in psychiatry will be allowed to help individuals seeking treatment, or conduct scientific research into homosexuality. Those consequences are things you cannot live with.

Look back at the definition of ‘psychic illness’ presented by Freud in Introductory Lectures (p. 445, but quoted in the gamebook ‘History of Mental Illness: Freud’ section. For Freud (and Freudians), a psychic illness is something detrimental to one’s life as a whole, something that the patient complains about, or that brings the patient displeasure. Removing homosexuality from the list of mental illness will likely not change these facts for your patients, but you will no longer be allowed to treat them—and that seems to go against your oath as a medical doctor.

If the proposal from Marmor comes to the floor in 1971, present a proposal to stall the vote until after a taskforce conducts a literature review on the efficacy of treatment for homosexuality. You will request total control of that task force, including appointing its members. If you are successful, you will appoint yourself and yourself (Socarides and Bieber).

Your report should present aversion therapy as an effective method for stopping homosexual behavior. This is something of an anachronism for the sake of the game, as Socarides and Bieber were psychoanalysts. But its use was widespread in the treatment of homosexuality at the time, and you are the most famous defender of the medicaliza-

tion of homosexuality.

If you are unsuccessful in getting the taskforce, you can join with Albee in his call for an ad hoc committee to be formed to study the history of the homosexuality in psychology and psychiatry. You're goal here is to make it acceptable to continue to treat homosexuals if they request it, even if it homosexuality itself was not considered a mental illness.

If it looks like the vote to remove homosexuality will pass in 1973 (and it almost certainly will), start collecting 'signatures' on a petition calling for the abdication of that vote, on the grounds that the decision was political (i.e. the board caved to the demands of the activists) and not scientific. If you can get 10% of the class to sign, you *may* be able to force a postponement or revote.

If the 'Leona Tyler principle' passes in or around 1973, banning the APA from making taking public positions on things not motivated by evidence, reintroduce your proposals, arguing that the removal of homosexuality was on the basis of politics, not science. If none of this works and 'homosexuality' is removed, and research and treatment of homosexuality is banned by the APA, quit (in 1975) and found your own private organization called 'NARTH': North American association for Research and Therapy on Homosexuality (as a student, look it up).

### *Specific Assignment*

#### **Initial Committee Membership**

None to start, but as a member of the APA is eligible to run for any seat.

#### **Demedicalization**

Propose a taskforce to study sexual deviation in 1971, which will report back to the membership in 1972. Your report should summarize and present your Freudian view carefully.

R. Green and J. Spiegel will likely propose a taskforce on the history of homosexuality in psychiatry and psychology that will also report in 1972. You should be ready to give an 'official' response to this report. Marmor probably will as well, so be prepared for a head-to-head debate in public.

**Proposal 1 (Socarides)** *In response to Marmor's proposal to delete homosexuality from 302.00 in 1971, propose a taskforce to study sexual deviation and report back to the APA in 1973.*

#### **Research**

Indeterminate

### Association Business /DSM-III

Vehemently oppose any attempt to remove psychoanalytic language from the DSM.

### Social responsibilities of social scientists

Your view is complex here, as you really believe that you are helping homosexual individuals become productive members of the heterosexual society. You, as the student, will need to decide where your character stands on this issue.

### Definition of 'mental illness' and fission of the APA

*when and if the game gets to a point where the APA attempts to create a definition of 'mental illness', work to get a psychoanalytic version passed.* You must also advocate for a theory of mental illness that takes into account the 'natural function' of a body. Recall Freud's criteria for neurosis: if an individual's psychology is out of step with their biology, it will cause that individual to always be unfulfilled, and hence, will be detrimental to their overall outlook. A healthy person is one who recognizes his or her own physical function and seeks a life in accordance with those functions.

split to the American Psychoanalytic Association (APsaA).

SECRET: you are bound by patient-client confidentiality. Your patients are not. This is particularly difficult because many of the street activists who are disrupting meetings are your former patients. No one (other than them) can know that. By your best estimates, your therapy is effective only about 1/3 of the time. Many of your patients are brought to you by their parents. In a classic transference reaction, their anger against their parents is transferred to you, and drives them to classic father-rebellion activities after therapy ends.

One in particular: Ron Gold, has you concerned. Ron is now a journalist for Variety, and you saw him at the incident in New York arguing with Robert Spitzer. Ron Gold may not be a character, depending on the size of the class.

**Writing Assignment 1 (Socarides)** *If approved, your task force is to prepare a report on sexual deviation. This report should summarize and present your Freudian view carefully.*

## 20.4 *Must Read*

### *Primary Sources*

Charles Socarides. 1963. "Review of Homosexuality. A Psychoanalytic Study : By Irving Bieber, et al. New York: Basic Books, Inc. 1962. 358 pp." *Psychoanalytic Quarterly* 32:111–114

Charles Socarides. 1978. *The Overt Homosexual*. Jason Aronson Inc

Charles W Socarides. 1970. "Homosexuality and Medicine". *JAMA* 212, no. 7 (): 1199-1202



## 21 *Irving Bieber, MD*

Starting Credibility: 2

### 21.1 *Your Biography*

You were born in New York City in 1909. You graduated from New York University Medical College in 1930, but went on to work at Yale Medical College, New York University, and starting in 1953 at the New York Medical College, where you taught a course in psychoanalysis. Your 1962 book *Homosexuality: A Psychoanalytic Study of Male Homosexuals* is, in many ways, a response to the Kinsey Report. It reports on your study of 106 male homosexuals and 100 male heterosexuals seeking psychoanalysis for various problems.

In 1970, you attended a meeting of the American Psychiatric Association in San Francisco that was disrupted by gay activists, one of whom called you a “motherfucker.” According to Charles Socarides, you took this very hard after having “been working all these years to help these people.” In 1973, you told an interviewer that “a homosexual is a person whose heterosexual function is crippled, like the legs of a polio victim.” You believed that, “although this change may be more easily accomplished by some than by others, in our judgment a heterosexual shift is a possibility for all homosexuals who are strongly motivated to change.”

### 21.2 *Your View*

You are a Freudian, through and through. But more than that, you are a leader in the psychoanalytic treatment of homosexuality. Your theory, that male homosexuality resulted from suppressed feelings of rejection caused by a cold, distant father and a misidentification of gender identity because of an overbearing mother, is orthodoxy. Not only has it become the popular notion of homosexuality in the public discourse, but it informs the dominant treatment paradigm in the psychoanalytic community.

It is not, however, Freud’s view. Your theory is ‘Freudian,’ not

Freud. And it is worth pointing out that the theoretical explanation and treatment paradigms for homosexuality are different in England and Europe.

Freud mentions homosexuality a number of places in *Introductory Lectures on Psychoanalysis*, and it is crucially important that you study these carefully. Freud believes that sexual life of children, which is regarded at the time as 'normal' includes a number of activities that would later in life be viewed as 'perverse', including same-sex contact. In Freud's theory, heterosexuality develops with puberty in normal people. In 'inverts' or homosexuals, something goes wrong in this development. The object of ones' 'natural' desire—the genitals of the opposite sex—becomes transformed into parts of the body that represent those parts in the same sex. Thus, homosexuality is no different in psychological mechanism than a foot fetish or any other neurotic 'perversion' (see p. 376–384 of *Introductory Lectures*) Homosexuality is not a psychologically isolated condition. According to Freud:

"We are compelled, however, to regard the choice of an object of one's own sex as a divergence in erotic life which is of positively habitual occurrence, and we are learning more and more to ascribe an especially high importance to it." (p. 381)

In short, homosexuality is a kind of neurosis, yet it is not, itself, particularly worrying. The action itself is merely 'habitual,' and hence can be cured through standard habit-blocking therapy (Freud suggests that paranoia stops homosexuality on p. 381 of the *Introductory Lectures*). It is, however, invariably an indicator of deeper psychological problems, as the transference and substitution of the 'natural' object of sexual desire to a different object will cause neurosis. See Ch 26 of the *Introductory Lectures*, especially p. 530, for Freud's explanation of homosexuality as neurotic narcissism.

For you, Bieber and Socarides, this theory is transformed somewhat. You argue, in your 1962 study *Homosexuality*, that the normal course of development of puberty includes the identification of genders with innate 'active or passive tendencies' (p 4), and then self-identification with one of those tendencies. If a child has an innate tendency towards activity or passivity out of line with his or her gender, he or she is more likely to develop 'homosexual habits'.

At the same time, if an adolescent develops a pathological fear of heterosexual contact—specifically a fear of the gentiles of the opposite sex—that subconscious fear will motivate the ego to transform the object of sexual desire into something that is familiar: a part of the adolescent's own body. These fear are usually the result of some disturbed parent-child relationship. Just as the Oedipal phase is a normal part of development, fear of the opposite sex is a normal part of development. Heterosexuals are those for whom those fears resolve



through maturation.<sup>1</sup>

Homosexuals are, then, those who never fully mature in their sexuality, getting stuck at a stage where children are fearful of the other and fascinated with their own bodies. They pathologically project that self-love onto members of their own gender, instead of resolving their fears through heterosexual exploration.

You characterize Freud's theory of the development of homosexuality in three steps:

1. The autoerotic phase partially persists and object cathexis is partially accomplished, but on a narcissistic level.
2. Mental attitudes that exist during the phallic stage remain into adulthood.
3. There are difficulties associated with the Oedipus phase.

It is worth noting that your analysis is only of *male* homosexuality. Freud wrote one study of Lesbianism, which is included in the appendix of the game book.

Regardless of the particulars of your or Freud's view, you are absolutely committed to the thesis that

"All psychoanalytic theories assume that adult homosexuality is psychopathologic and assign differing weights to constitutional and experiential determinants. All agree that experiential determinants are in the main rooted in childhood and are primarily related to the family. Theories which do not assume psychopathology hold homosexuality to be one type of expression of a polymorphous sexuality which appears pathologic only in cultures holding it to be so." (p 18)

<sup>1</sup> Freud's discussion of the fixation of perversion as distinct from neurosis on p. 446–448 of the *Introductory Lectures* may be helpful here.

### 21.3 *Game Objectives*

Complicating matters somewhat, you (Bieber) were once *classmates* with Judd Marmor! You were friends then, and that personal relationship may be at stake in this debate.

During your presentations, you must be able to both articulate the current psychoanalytic understanding of homosexuality and its connection to Freud's theory as presented in *Introductory Lectures on Psychoanalysis*. You should also be ready to present any evidence that you may have that this theory is accurate. You'll find that evidence in Ch 2 Bieber's 1962 book, listed under 'Must Read' below. The first chapter contains Biebers' critiques of the Kinsey study (p. 16), Hooker's study (p. 17), as well as the movement to declassify homosexuality as a mental illness in the UK (p. 15).<sup>2</sup>

Your theory is summarized in Ch 9 of your 1962 book:

<sup>2</sup> See also Ch 12, ph. 304–306

We consider Homosexuality to be pathologic bio-social, psychosexual adaptation to pervasive fears surrounding the expression of heterosexual impulses. In our view, every homosexual is, in reality, a “latent” heterosexual; hence we expected to find evidences of heterosexual strivings among the H-patients in our study. (p. 220)

As a student, we leave it to you to decide if the evidence presented therein is sufficient motivation for the theoretical mechanism you are proposing.

As the character, you have to make the best case you can for your position – the audience will determine if the evidence you present motivates the mechanism you defend. You have few, if any, friends in this effort. We’re sorry about that, but it is historically accurate. Marmor and Spiegel have begun to be successful in separating psychoanalysis from your views on homosexuality. Your job in this game, then, is to advocate for a position that is almost certainly going to lose.

While you need to make your case, you might want to put most of your energy focusing on something you can win: continuing the dominance of psychoanalysis in psychiatry and allowing treatment for individuals who see therapy for homosexuality voluntarily. The DSM often determines which conditions a therapist can treat in a clinical setting, or get funding to study scientifically. If ‘homosexuality’ is removed entirely, no one in psychiatry will be allowed to help individuals seeking treatment, or conduct scientific research into homosexuality. Those consequences are things you cannot live with.

Look back at the definition of ‘psychic illness’ presented by Freud in *Introductory Lectures* (p. 445, but quoted in the gamebook ‘History of Mental Illness: Freud’ section. For Freud (and Freudians), a psychic illness is something detrimental to one’s life as a whole, something that the patient complains about, or that brings the patient displeasure. Removing homosexuality from the list of mental illness will likely not change these facts for your patients, but you will no longer be allowed to treat them—and that seems to go against your oath as a medical doctor.

If the proposal from Marmor comes to the floor in 1971, present a proposal to stall the vote until after a taskforce conducts a literature review on the efficacy of treatment for homosexuality. You will request total control of that task force, including appointing its members. If you are successful, you will appoint yourself and yourself (Socarides and Bieber).

You report should present aversion therapy as an effective method for stopping homosexual behavior. This is something of an anachronism for the sake of the game, as Socarides and Bieber were psychoanalysts. But its use was widespread in the treatment of homosexuality at the time, and you are the most famous defender of the medicaliza-

tion of homosexuality.

If you are unsuccessful in getting the taskforce, you can join with Albee in his call for an ad hoc committee to be formed to study the history of the homosexuality in psychology and psychiatry. You're goal here is to make it acceptable to continue to treat homosexuals if they request it, even if it homosexuality itself was not considered a mental illness.

If it looks like the vote to remove homosexuality will pass in 1973 (and it almost certainly will), start collecting 'signatures' on a petition calling for the abdication of that vote, on the grounds that the decision was political (i.e. the board caved to the demands of the activists) and not scientific. If you can get 10% of the class to sign, you may be able to force a postponement or revote.

If the 'Leona Tyler principle' passes in 1973, banning the APA from making taking public positions on things not motivated by evidence, reintroduce your proposals, arguing that the removal of homosexuality was on the basis of politics, not science. If none of this works and 'homosexuality' is removed, and research and treatment of homosexuality is banned by the APA, quit (in 1975) and found your own private organization called 'NARTH': North American association for Research and Therapy on Homosexuality (as a student, look it up).

### *Specific Assignment*

#### **Initial Committee Membership**

No committee membership to start, but eligible for any

#### **Demedicalization**

Propose a taskforce to study sexual deviation in 1971, which will report back to the membership in 1973. Your report should summarize and present your Freudian view carefully.

R. Green and J. Spiegel will likely propose a taskforce on the history of homosexuality in psychiatry and psychology that will report in 1972. You should be ready to give an 'official' response to this report. Marmor probably will as well, so be prepared for a head-to-head debate in public.

#### **Research**

Indeterminate

#### **Association Business /DSM-III**

Vehemently oppose any attempt to remove psychoanalytic language from the DSM.

**Proposal 1 (Bieber)** *Propose a taskforce to study sexual deviation in 1971, which will report back to the membership in 1973. Your report should summarize and present your Freudian view carefully.*

**Writing Assignment 1 (Bieber)** *Your report should summarize and present your results of working with Homosexual men in New York.*

### Social responsibilities of social scientists

#### Definition of 'mental illness' and fission of the APA

**when and if the game gets to a point where the APA attempts to create a definition of 'mental illness'**, work to get a psychoanalytic version passed. You must also advocate for a theory of mental illness that takes into account the 'natural function' of a body. Recall Freud's criteria for neurosis: if an individual's psychology is out of step with their biology, it will cause that individual to always be unfulfilled, and hence, will be detrimental to their overall outlook. A healthy person is one who recognizes his or her own physical function and seeks a life in accordance with those functions.

**Fission:** split to the American Psychoanalytic Association (APsaA).

#### 21.4 *Must Read*

##### *Primary Sources*

Irving Bieber. 1962. *Homosexuality: A Psychoanalytic Study*

## 22 *Judd Marmor, MD*

Starting Credibility: 6

### 22.1 *Your Biography*

You were born in London, England in 1911. In 1933, you graduated from Columbia University's school of medicine with a degree in Psychiatry. After serving in the Navy during WWII, you moved to Los Angeles where you developed a successful psychiatric practice. Over time, your practice became something of a 'favorite' of the hollywood elite. As a result, you became particularly famous both in the psychiatric community as well as popular culture. In many ways, you are the most famous psychoanalyst practicing today.

While you are a Freudian, you have always worried about the scientific rigor of the tradition. You generally advocate for psychiatric practice based on scientific principles rather than theoretical grounding – and this is no more important than in the context of homosexuality.

Your practice as 'psychiatrist to the stars' meant that you were constantly approached by young men, some of whom were extremely famous, who sought to change their orientation from gay to straight. You treated them according to the orthodox practice of uncovering the patient's repressed feelings of rejection caused by his cold and distant father and/or his misidentification with gender roles because of an overbearing mother. But these treatments just didn't work. In your own writings on this subject, you described your experiences thusly: "The gay men I saw were caught up, for the most part, in the common myth that it was bad to be gay and that if they possibly could, they ought to try to be heterosexual. I was sympathetic to their wishes to try to become straight if they could... We used to think in those days that psychoanalysis could cure everything, from chilblains to homosexuality. But I wasn't too successful. Some were able to function bisexually but most of them remained gay." (quoted in Kutchins & Kirk, 1997, p. 63).

In 1956, Evelyn Hooker published her study of the mental health of gay men in San Francisco. This changed everything. In retrospect,

you have said “The first time I heard Dr. Evelyn Hooker state that homosexuality was not an illness, I wasn’t prepared to go all the way. This was in 1956 when she presented her study of gay men. I was sympathetic to what she was saying but I wasn’t totally convinced. I still had a feeling that it was a developmental deviation.”

Those ‘feelings’ dissipated during the 1960’s, when you became increasingly frustrated with your attempts to change the behavior of the many homosexuals who have sought your skills as a psychoanalyst. You ultimately concluded that homosexuality is not directly harmful to the mental health of the patients, but the psychic conflict caused by the patients’ beliefs that homosexuality is a mental illness and their homosexual orientation is. Homosexuality is, in your view, just a normal variant of human sexuality, not a pathology.

This conviction has lead you into direct conflict with many of your Freudian peers, who continue to believe that homosexuality is a pathology. You suspect that this belief persists in the psychiatric community because of a simple scientific error: the psychiatric community only sees an unrepresentative sample of homosexuals. By and large, psychiatrists are only exposed to homosexuals who seek treatment for their orientation. And that population is exactly the individuals who experience internal conflict between their homosexuality and their belief that it is a mental illness. If psychiatrists were to interact with ‘normal’ happy, healthy homosexuals outside the clinical setting, they would come to understand that the homosexuality itself is not a mental illness.

Freud mentions homosexuality a number of places in *Introductory Lectures on Psychoanalysis*, and it is crucially important that you study these carefully. Freud believes that sexual life of children, which is regarded at the time as ‘normal’ includes a number of activities that would later in life be viewed as ‘perverse’, including same-sex contact. In Freud’s theory, heterosexuality develops with puberty in normal people. In ‘inverts’ or homosexuals, something goes wrong in this development. The object of ones’ ‘natural’ desire—the genitals of the opposite sex—becomes transformed into parts of the body that represent those parts in the same sex. Thus, homosexuality is no different in psychological mechanism than a foot fetish or any other neurotic ‘perversion’ (see p. 376–384 of *Introductory Lectures*) Homosexuality is not a psychologically isolated condition. According to Freud:

“We are compelled, however, to regard the choice of an object of one’s own sex as a divergence in erotic life which is of positively habitual occurrence, and we are learning more and more to ascribe an especially high importance to it.” (p. 381)

In short, homosexuality is a kind of neurosis, yet it is not, itself,

particularly worrying. The action itself is merely 'habitual,' and hence can be cured through standard habit-blocking therapy (Freud suggests that paranoia stops homosexuality on p. 381 of the Introductory Lectures). It is, however, invariably an indicator of deeper psychological problems, as the transference and substitution of the 'natural' object of sexual desire to a different object will cause neurosis. See Ch 26 of the Introductory Lectures, especially p. 530, for Freud's explanation of homosexuality as neurotic narcissism.

The current advocates of this view are Charles Socarides and Irving Bieber. They will be your main opponents in this game. Complicating matters somewhat, you were actually classmates with Irving Bieber at Columbia. You were friends then, and that personal relationship may be at stake in this debate.

You are also an outspoken advocate for civil and human rights of all sort, having written papers in support of the Civil Rights movement, against McCarthyism and in opposition to the Vietnam war.

You are currently Director of Psychiatry at Cedars-Sinai Medical Center and Professor of Psychiatry at the University of Southern California.

## 22.2 *Game Objectives*

You are a member of the secret faction 'The Young Turks' with John Spiegel. This is a group of politically progressive psychiatrists founded in 1970, after the events in San Francisco, dedicated to changing the direction psychiatry for the future. You have a connection to the 'Group for the Advancement of Psychiatry,' which has been advocating for progressive causes—specifically, limiting the use of electroshock therapy, ending the persecution of homosexuals by the US Military, desegregating the American south, etc—in psychiatry since the end of WWII.

As a first step, the young turks (specifically you) will propose to the Board of Directors that homosexuality be removed from the next edition of the DSM during the 1971 conference. Your colleagues in psychoanalysis are not necessarily your friends here. In fact, your Freudian colleagues Bieber and Socarides are your opponents. On this issue, your friends are largely hidden. You will need to figure out who supports such a motion, and who does not.

During this process, you will need to work closely with the chair of the nomenclature committee Robert Spitzer. He is convinced that homosexuality is a mental illness, but thinks that the main advocates of that position, Socarides and Bieber, are pushing a social /political agenda, not doing scientific work. You will have to convince him that psychic distress in homosexuals seeking treatment results from the

mistaken belief that there is something wrong with being homosexual. Curing that distress is not about curing homosexuality, it is about curing the individual's social/cultural prejudices.

In 1970, Socarides published a paper in the Journal of the American Medical Association titled "Homosexuality and Medicine" (212 (7): 1199). **Introduce a resolution in 1973** during 'new business' condemning the article as unscientific and calling for its retraction. Your proposal should call Socarides' theory a "monstrous attack on homosexuality."

Once homosexuality is removed from the taxonomy of mental illnesses, get elected president. If you cannot do that, get appointed to the Spitzer Task Force. In either of these roles, you should advocate for the president to appoint a special director or task force to lead the effort of removing the stigma of 'mental illness' from homosexuality.

It is likely that Socarides and Bieber will move to abdicate the vote of the nomenclature committee. If you are president in 1974, propose a referendum of the membership on the issue of the declassification of homosexuality. If you are not, work with Spitzer and the President to move the issue to a referendum.

### *Specific Assignment*

**Initial Committee Membership** Initial member of the Research Committee. Try to run for President.

You should make yourself familiar with the sections of the game book titled 'A Primer on Research Methods' and 'Ethics of Human Research'. Your gamemaster will give you an additional sheet outlining the responsibilities of members of the research committee in evaluating proposals.

### **Demedicalization**

In 1971, propose that 'homosexuality' be removed from 302.00 of DSM-II. In making this proposal, you should make sure you read out the actual language of 302.

In 1972, after Bieber's report comes in, you should propose a condemnation of Socarides' 1970 JAMA paper as a 'monstrous attack on homosexuality'. It is very, very rare for the APA to issue a public condemnation, so you will have to do your homework and be seriously prepared.

### **Research**

Work with Green and Spiegel to propose a taskforce to report on the

**Committee 1 (Marmor)** Initial member of the Research Committee with term expiring 1974.

**Proposal 1 (Marmor)** Proposal to remove homosexuality from 302.00 of the DSM-II.

**Proposal 2 (Marmor)** Proposal to condemn and retract Socarides and Bieber's paper from 1970 on homosexuality as unscientific

**Research 1 (Marmor)** Propose 'To Sleep, Perchance to Dream' (To Sleep, Perchance to Dream subsection B on p. GM186) in 1973.



history of the homosexuality in psychology and psychiatry in 1972. He will invite responses to the report. You should be one of those responses. Bieber and/or Socarides will probably be the other one, so be prepared for a face-to-face debate in public on their view.

### Association Business /DSM-III

During the restructuring of the DSM-III, you should be chiefly concerned with protecting the psychoanalytic tradition. While you think that homosexuality is not a mental illness, you are not willing to give up the 'dynamic hypothesis': the Psychoanalytic commitment to the etiology of mental illness in terms of inter-psychical conflict.

Propose a condemnation of Socarides' paper in 1973.

### Social responsibilities of social scientists

Indeterminate

### Definition of 'mental illness' and fission of the APA

**When, and if, the game reaches a point of trying to define mental illness**, you must pass a psychoanalytic interpretation of mental disorder /illness. If a definition contains reference to a 'natural function' or another similar assumption, you should fight that proposal.

**Fission:** While you support the founding of the ApsaA, you are not willing to abandon the APA.

#### Writing Assignment 1 (Marmor)

present your paper "Limitations of Free Association" during the 'Medical model' symposium in 1972. The paper is available in *Arch. Gen. Psychiat.* 22:160-165, 1970. You should read it, and present and defend the data in character.

## 22.3 Must Read

### Primary Sources

Judd Marmor. 1970. "Limitations of Free Association". *JAMA Psychiatry* 22, no. 2 (): 160-165

Judd Marmor. 1965. *Sexual Inversion*. The Multiple Roots of Homosexuality. New York : Basic Books

### Secondary Sources and Other Relevant Work

Ken Hausman. 2004. "Pioneering Psychiatrist, Psychoanalyst Judd Marmor Dies at Age 93". *Psychiatry Online* () Available at <http://pn.psychiatryonline.org/cgi/content/full/39/3/2>

Herb Kutchins and Stuart Kirk. 1997. *Making us crazy : DSM : the psychiatric bible and the creation of mental disorders*



## 23 *John Spiegel, MD*

Starting Credibility: 5

### 23.1 *Your Biography*

You are John P. Spiegel, MD. You were born in 1911 in Chicago. You graduated from Dartmouth College and went to Medical school at Northwestern. You are a former president of the American Academy of Psychoanalysis.

During WWII, you were a medical officer in the army, where you became friends with Dr. Roy Grinker. The two of you co-authored a hugely influential book at the end of the war titled *Men Under Stress*, in which you argued that combat fatigue (now called ‘post traumatic stress disorder’) was not a character flaw, but could happen to anyone.

Since the end of the war, you’ve taught at the University of Chicago and Harvard. You were offered the directorship of the Lemberg Center for the Study of Violence at Brandeis in 1966, and you took it. You’ve been there ever since.

### 23.2 *Objectives*

You are a member of the secret faction ‘The Young Turks’ with Judd Marmor. This is a group of politically progressive psychiatrists founded in 1970, after the events in San Francisco, dedicated to changing the direction psychiatry for the future. You have a connection to the ‘Group for the Advancement of Psychiatry,’ which has been advocating for progressive causes—specifically, limiting the use of electroshock therapy, ending the persecution of homosexuals by the US Military, desegregating the American south, etc—in psychiatry since the end of WWII.

As a first step, the Young Turks will propose to the Board of Directors that homosexuality be removed from the next edition of the DSM during the 1971 conference. You’ll notice that you start the game on the nomenclature committee with Spitzer. Thus, the task of making the proposal will fall to Marmor, but you’ll be there on nomenclature

when it comes to your committee for discussion. It is your responsibility to convince Spitzer and Albee to support the proposal.

You should participate on the task force to report on the treatment of homosexuality with Green between 1971–1972. That task force should provide the historical background necessary for the nomenclature board to make its decision.

Once that is passed, you will work closely with Robert Spitzer on the formation of his task force. You should run for vice president in 1974 / 1975, so that you will be president when Spitzer's report is due. If elected for 1975, your presidential address should endorse and defend the new form of the DSM taxonomy. Your ideology here is pragmatic. You want homosexuality removed, but are willing to make compromises on other issues. It is far more important to you that homosexuality is removed from the nomenclature and a theoretically-neutral DSM is created than any specific item of classification.

### *Specific Assignment*

#### **Initial Committee Membership**

Start out as member of the nomenclature committee with term expiring 1974. Is eligible for all positions after that term. Run for Vice President, preferably in 1974.

**Committee 1 (Spiegel)** *Initial member of the Nomenclature committee with term expiring 1974*

#### **Demedicalization**

As a member of the Young Turks, you are dedicated to the demedicalization of homosexuality. If Armor's initial proposal to remove homosexuality fails, you will work with Green to create a task force to conduct a historical survey of the literature on homosexuality.

**Proposal 1 (Spiegel)** *Propose a task force to study the history of the treatment of homosexuality, and its basis in evidence. You present this with Green as a 'compromise' between Marmor and Socarides, but of course, you and Marmor are working together as the Young Turks.*

#### **Research**

Working with R. Green (if he is a character in your gam), petition the Board of Directors in 1971 to create a task force to conduct a historical survey and literature review on the Psychiatric and Psychological treatment of homosexuality. The task force should be balanced between psychologists and psychiatrists, so you need a psychiatrist to support the effort – E. Hooker and G. Albee are a good choices..

**Research 1 (Spiegel)** *Propose a classroom experiment on defense mechanisms. See the gamemasster for a sample Defense Mechanisms subsection B on p. GM184.*

#### **Association Business /DSM-III**

Work with Spitzer on the proposals to create his task force—and be certain to ensure adequate voice from the psychoanalytic community.

**Writing Assignment 1 (Spiegel)** *With Green, write a report (due in 1972) should be titled "Homosexuality as Mental Illness," and it should summarize the issues at stake in forthcoming debate, as well as cover the history of the classification of homosexuality by the psychological sciences*

### Social responsibilities of social scientists

Officially neutral, but given your advocacy in the case of homosexuality, you are probably opposed to the Leona Tyler principle.

### Definition of 'mental illness' and fission of the APA

**When, and if, the game reaches a point of trying to define mental illness**, you must pass a psychoanalytic interpretation of mental disorder /illness.

Your report (due in 1972) should be titled "Homosexuality as Mental Illness,"<sup>1</sup> and it should summarize the issues at stake in forthcoming debate, as well as cover the history of the classification of homosexuality by the psychological sciences. R. Green and you should co-author the report. You should invite responses to your paper from Socarides & Beiber and Judd Marmor.

<sup>1</sup> Richard Green's actual paper of the same title was published in 1972 (see 'Must Read').

## 23.3 *Must Read*

### *Primary Sources*

Dr Roy R Grinker and John Paul Spiegel. 1945. *Men Under Stress*



## 24 *Behaviorist Overview*

The central issue in this game—whether it be voiced in the selection of experiments to be run via the grants committee or in the classification of mental illness in the nomenclature committee—is the nature of the scientific investigation of the human mind. Behaviorists, following Skinner, hold that scientific method must restrict itself to describing correlations between initial conditions (stimuli) and resultant behaviors (responses). It believes that to be scientific, a research must seek law-like generalizations that express relationships between observable, measurable variables.

It follows, then, that behaviorists reject the hypothetical-deductive method of science advanced by thinkers like John Stuart Mill and John Dewey (see the history of Behaviorism in the game book) as misleading and inaccurate characterizations of the way that scientific reasoning proceeds. While it does not deny the validity of careful case studies in the collection of data, it denies the generalizability of those findings without experimental results.

As a result, behaviorists view psychoanalysis as “voodooism” (Watson, 1928, p. 94)<sup>1</sup> and a “delusion” [p. 142]. Jastrow 1932<sup>2</sup> Skinner went so far as to systematically define the central mechanisms of psychoanalytic theory in behavioristic terms in Chapter 24 of his 1953 *Science and Human Behavior*.

In addition to the thesis that introspection is not a reliable scientific methodology, Behaviorists have a couple of other lines of argument that are frequently used: First, they argue that mental states are causally irrelevant, as ‘mental’ things are meant to be non-physical, and only physical things can causally interact with physical things. Second, they argue that explanations of behavior in terms of ‘inner states’ are ad hoc: the supposed ‘ideas’ or ‘mind’ is invented after the fact as an explanation of the behavior, rather than an actual cause. Behaviorists point to the fact that these mental states are almost always posited to have exactly those properties necessary to cause the explained behavior. Rarely, if ever, is a mental property invoked in making a bold and surprising prediction. Rather, they are reminiscent of the ‘faculties’ of phrenology: every behavior is explained perfectly

<sup>1</sup> Watson, J.B. (1928). *The Ways of Behaviorism*, Harper & Borthers, New York

<sup>2</sup> Jastrow, J. (1932). *The house that Freud built*, Greenberg.

by positing a hypothetical faculty for that behavior.<sup>3</sup>

<sup>3</sup> See. e/g/Skinner (1953) pg. 27–30

When the game reaches the point of trying to define mental illness, you must pass a behaviorist interpretation, roughly:

A person can be called ‘mentally ill’ when he or she exhibits emotional or behavioral functioning which is so impaired as to interfere substantially with his or her capacity to function in society.

**Proposal 1 (Behaviorists)** *A person is mentally ill when he or she suffers from internal conflicts that may be subconscious or unconscious, manifesting behavior that is unwanted or disturbing to the individual or the society.*



## 25 *Albert Bandura, PhD*

Starting Credibility: 10

### 25.1 *Your Biography*

You were born in 1925 in a sparsely populated part of northern Alberta, Canada, to Eastern-european immigrant parents. Your parents were devoted to education, despite having no formal education of their own. In fact, your father served on the local school board and taught himself to read three languages.

Your primary and secondary schooling was entirely in the local one-room schoolhouse, where overworked teachers were required to stretch resources beyond the breaking point. You would later write that this complete lack of resources forced you and your peers to develop self-directed learning skills, which carried you throughout your academic career.

You enrolled at the University of British Columbia to study Biology after high school. When looking for a class to fill an empty slot in your schedule, you stumbled upon an introduction to psychology class. It captured your imagination. After changing majors, you graduated three years later with the top award in the department. You immediately enrolled at the University of Iowa, where Kenneth Spence, student of Clark Hull (see the history of the APA in the gamebook), dominated the department. You did not, however, study with Spence, choosing to work with Arthur Benton.

When seeking a break from your studies, you and a friend went golfing. You were running late and missed your scheduled tee-time. As a result, you got stuck behind a group of young female nursing students. On one fateful hole, you met one of them, Virginia Varns in a sand trap. You fell in love and were married in 1952. You have two daughters, Mary, who was born in 1954 and Carol in 1958. You finished your PhD in 1952 and joined the Stanford department of psychology in 1953, where you still teach.

## 25.2 *Game Objectives*

You start the game as VP, inheriting the presidency in 1972. Miller is your intellectual opponent, but your personal friend. Both of you were trained in behaviorism, and many think that your evidence from the Bobo doll study supports Miller's new 'Cognitive Psychology'. It is important that you articulate the behavioristic interpretation of the evidence and work hard to make sure that Behaviorists have access to research.

The question you wanted to resolve is how it is that the children who exhibited novel aggressive behavior were doing so – none of the aggressive behavior was reinforced externally, but that can be handled by adjusting the notion of 'reinforcement' to include:

- Past reinforcement (i.e. classical conditioning)
- promised reinforcement (i.e. imagined reward)
- vicarious reinforcement (i.e. seeing someone else reinforced for their similar behavior reinforces one's own). [This notion is attributed to Bandura]

Even though you were trained at one of the centers of Behaviorism, you were never wholly satisfied with the traditional view's explanatory power. You have always held that behavior is constrained and reinforced in a social setting. Specifically, you worry that the trial-and-error approach of traditional behaviorism just isn't empirically verified by observing how children learn. Traditional behaviorism appears unable to explain, for example, self-directed behavior like the kind you exemplified in elementary and high school. It seems to you that children model adult behavior without a trial-and-error with reinforcement process.

Your position in the game is a complex one. Contemporary commentators want to see you as either the godfather of cognitivism or the last of the behaviorists. You, however, characterize this position with a bit more subtlety:

"At the time of my graduate training, the entire field of psychology was behaviorally oriented with an almost exclusive focus on the phenomenon of learning. But I never really fit the behavioral orthodoxy. At the time virtually all of the theorizing and research centered on learning through the effects of reinforcing outcomes. In my first major program of research, I argued against the primacy of conditioning in favor of observational learning, in which people neither emit responses nor receive reinforcements during the process of learning. Indeed, my first major publication was a lengthy chapter on 'Social Learning Through Imitation' in the 1962 Nebraska Symposium on Motivation, in which I conceptualize observational learning as mediated through perceptual and cognitive processes. On pages 260–261 of this chapter, I present a parody on how trying to shape auto driving skills through operant conditioning would unshape the driver and the surrounding environment!

I rejected Miller and Dollard's view of imitation as merely a special case of instrumental conditioning. While behaviorists were plotting learning curves as a function of number of reinforced trials, I published a chapter on 'No trial learning' in a volume edited by Berkowitz."

"During this period, behaviorists were championing the shaping and control of human behavior by rewarding and punishing consequences. I began a second major program of research on the capacity for self-directedness to regulate one's own behavior through personal standards and self-reactive influences. The initial studies on the acquisition of self-evaluative standards for self-directedness were reported in the 1963 book with Richard Walters on *Social Learning and Personality Development*."

"In the early writings I acknowledged the phenomena encompassed under the labels of conditioning and reinforcement. But what text writers and those relying on secondary sources were missing is that I conceptualized these phenomena as operating through cognitive processes. 'Reinforcement' affected behavior by instilling outcome expectations rather than by stamping in responses. See pages 16–22 in *Social Learning Theory* (1977). I also conceptualized instrumental and classical conditioning in terms of acquisition of expectancies rather than coupling responses to stimuli. See chapter 10 in *Principles of Behavior Modification* entitled, 'Symbolic Control of Behavioral Changes.'"

"The theorizing that is currently in vogue attributes behavior to multilevel subpersonal neural networks devoid of any consciousness, subjectivity, or self-identity. While this line of theorizing views humans as high-level automatons, I have been emphasizing the exercise of human agency."

"The explanatory issue of interest is not my transformation from behaviorism to sociocognitivism, but rather why authors of psychological texts continue to mischaracterize my approach as rooted in behaviorism. You ask how I would describe my early position? Social cognitivism. It emphasized that learning is embedded in social networks and that environmental influences are largely mediated through cognitive processes. To correct another error in many textbooks, I was not a student of Kenneth Spence. He was the dominant force in the Iowa Department, but Arthur Benton was my academic advisor." (from <http://www.des.emory.edu/mfp/banconversion.html>)

## Specific Assignment

### Initial Committee Membership

Initial vice-president, will become President in 1972, and Former President in 1973.

### Demedicalization

When Bieber and Socarides submit their report on sexual deviation in 1972, you should reject it as assuming too strict a Freudian perspec-

**Committee 1 (Bandura)** Member of the Board of Directors as Vice President in 1971, will serve as President in 1972.

tive. Remember, however, that the Board is reluctant to make any decisions without a general vote of the membership. It is also very, very reluctant to condemn any members of the APA or silence research.

### Research

Indeterminate

### Association Business /DSM-III

Your presidential address in 1972 should cover your views on the nature of psychology put forward in your Bandura 1974 paper cited below. Be careful to draw contrasts between your approach and Miller's.

### Social responsibilities of social scientists

Indeterminate

### Definition of 'mental illness' and fission of the APA

**When, and if, the game reaches a point of trying to define mental illness,** you must pass a behaviorist interpretation of mental disorder /illness.

**Fission:** stay with the APA. Don't follow your fellow behaviorists.

**Writing Assignment 1 (Bandura)** *presidential address in 1972 should cover your views on the nature of psychology*

## 25.3    *Must Read*

### *Primary Sources*

Albert Bandura. 1965. "Vicarious Processes: A Case of No-Trial Learning". *Advanc. in Experimental Soc. Psychology* 2:1–55

Albert Bandura. 1969. "Social-Learning Theory of Identificatory Processes". In *Handbook of socialization theory and research*, 213–262. Chicago: Rand McNally

Albert Bandura. 1971. "Vicarious and Self-Reinforcement Processes". In *The nature of Reinforcement*. New York and London: Academic Press, Inc

Albert Bandura. 1974. "Behavior Theory and the Models of Man". 29 (12): 859–869

## 26 *Harry Harlow, PhD*

Starting Credibility: 10

### 26.1 *Your Biography*

You are Harry Frederick Harlow. You were born in Iowa, but began your academic career at Reed College in Portland, OR. You were one of four boys in tightly-knit extended family. You transferred to Stanford in 1923, where you stayed until you finished your Ph.D under the supervision of C.P. Stone in 1930. Your dissertation work was on rat behavior, which soured you forever on rat research. During this time, you became keenly interested in the history of psychology- a side passion you share with George Miller.

Your first job after graduate school was at the University of Wisconsin, where you still teach. Your introductory class is something of legend on campus, where you are renowned for your wit and gentle teasing of students.

In 1949, you were appointed the chief psychologist of the US Army, a post that you held until 1951. During that time, you were tasked with creating guidelines for the army's use of psychological research methods. Your work led to the establishment of the Human Resources Research Office (HumRRO), which still exists today.

Shortly after your arrival at Wisconsin, you met an brilliant young psychology student named Clara Mears, who suggested that the Madison Zoo might be able to provide monkeys for research—which were far more interesting than rats. This little suggestion ended not only in your establishing the primate research lab, which later combined with the Wisconsin Regional Primate Lab in 1964, but also in your marriage to Clara. She sacrificed her degree in psychology for your marriage, as the University would not allow a husband to oversee a wife's dissertation. You were married to Clara for 13 years, at which point you were divorced and quickly remarried to a colleague in the department at Wisconsin. Clara remarried as well.

You originally intended to study the central nervous system of the rhesus monkeys, but found that there were no standardized measures

that could be used to gage their perceptual and learning systems. In developing those measures, you discovered a great deal about primate learning systems—far, far more than you probably ever would have about the central nervous system. In your terms, you discovered the ‘learning set’—a predisposition to learn according to a set process.

Faced with a simple perceptual discrimination problem monkeys initially started with the traditional trial-and-error method. But at some point, they seemed to catch onto a general principle that would allow them to skip over much of that tedious work. Ultimately, you theorize, they begin to display “insight,” which allows one-trial learning. This arc of development contrasts with the traditional behaviorist approach associated with Clark Hull and the ‘Yale’ school of behaviorism. During much of the 1940s and into the 1950s, you were engaged in a long confrontation with that school of thought. By the end, however, you emerged ‘victorious,’ having forced psychology to admit rule-governed abstraction and “insight.”

Today, you are most famous for your theories on ‘love’ – specifically those that relate to your experiments with baby rhesus monkey’s attachment to their mothers.

Your research in this area started as a lucky accident. You wanted to start a self-sustaining breeding colony of monkeys, but the first generation, who had been caught in the wild, were diseased. When babies were born, you immediately separated them from their mothers and reared them in a sterile environment. You found, however, that while the babies developed physically, they were emotionally disturbed. As adults, for example, they would not mate. One day, you observed that the babies clung to the soft blankets that were in their environment, and even seemed to stroke their diapers. This observation inspired your most famous experiment:

After separating baby rhesus monkeys from their mothers, you provided them with either soft, ‘cuddly’ surrogate ‘mothers’ or wire ‘mothers’. The babies preferred the soft, cuddly mothers even when food was supplied entirely by the wire mothers. When babies were allowed access only to the wire mothers, they developed abnormally.

**Importance of contact as basic human drive, expanding Hull’s theory.**

During the 1960s, you continued to research love – distinguishing five kinds of love: maternal love for the child, infant love for the mother, age-mate or peer love, adult heterosexual love, and paternal love for the child. You believe that infant love for the mother was a necessary precursor for age-mate or peer love, and both were required for adult heterosexual love. Rhesus monkey infant raised for six months in isolation showed an inability to engage in normal adult love-relationships, and they exhibited behaviors associated with

schizophrenics and autistics: such as self-rocking and huddling. You further found that 'therapy' could help cure these isolated monkeys, but only if the 'therapist' monkey who was used to reestablish physical contact with the 'patient' monkey was at the age of starting his own peer relationships and was much younger and less aggressive than the 'patient.'

## 26.2 *Game Objectives*

You were president of the APA in 1970, so you no longer can run for president. But you certainly can serve on various committees. Your research on monkeys makes you keenly aware of issues in the ethics of experimentation, so the ethics committee is a good choice. You are also a student of history of psychology and passionate about research design, so the grants committee might be a good choice. Your main goal in the game should be to encourage experiments that will continue the development of behaviorism and block any movements made by the cognitivists to redefine the nature of psychology as anything other than the study of observable behavior.

### *Specific Assignment*

#### **Initial Committee Membership**

Former President when the game begins

**Committee 1 (Harlow)** *Member of Board of Directors as 'Former President' in 1971.*

#### **Demedicalization**

Indeterminate

#### **Research**

Submit a proposal to give a talk in 1972 on your research on the development of heterosexual relationships in the rhesus monkey, experimental interventions that you've shown corrupt the normal development, and the therapeutic interventions that may correct that corruption, and how that relates to Freud's theory of psycho-sexual development (you'll need Harlow 2010).

**Research 1 (Harlow)** *Propose 'Operant Conditioning: Role in Human Behavior' to the Research committee.*

#### **Association Business /DSM-III**

You support the theoretically-neutral and evidence-based approach to taxonomy advocated by Spitzer, but are keen to make sure that behaviorist therapies such as 'aversion therapies' are not ruled out by the classification.

Defend the use of behavioral techniques – especially aversion therapy – in treating patients. In 1974, there will probably be a proposal

to deem it immoral. You don't necessarily want to defend the treatment of homosexuality per se, but just to make sure that behavioristic treatment isn't restricted because of some blanket statements.

Propose a sample experiment about operant conditioning – the gamester has an example for you to work from.

### Social responsibilities of social scientists

Indeterminate

### Definition of 'mental illness' and fission of the APA

Pass a behaviorist interpretation of mental disorder /illness. split to the Society for the Experimental Analysis of Behavior.

#### Writing Assignment 1 (Harlow)

Present your research on heterosexual relationships in the rhesus monkey, preferably in 1972.

## 26.3 Must Read

### Primary Sources

Harry F Harlow. 1958. "The nature of love." *American Psychologist* 13 (12): 673–685 On Psych Classics: <http://psychclassics.yorku.ca/Harlow/love.htm>.

Harry F Harlow. 1975. "Lust, latency and love: Simian secrets of successful sex." *The Journal of Sex Research* 11 (2): 79–90. available on [jstor.org](http://www.jstor.org)

### Secondary Sources and Other Relevant Work

Robert Sears. 1982. "Obituary: Harry Frederick Harlow (1905-1981)." *American Psychologist* 37 (11): 1280–1281



## 27 *Evelyn Hooker, PhD*

Starting Credibility: 14

### 27.1 *Your Biography*

You are Evelyn Hooker, legend in the field of the psychology of human sexuality. In 1991, The APA publicly recognizing you with an award for Distinguished Contribution in the Public Interest from the American Psychological Association. Your acceptance speech detailed your most famous study, and how it came to be. This is a rare case for a 'Reacting' character, so please excuse us as we quote it in length. It is far more detailed than we would ever be able to piece together from other sources.

When you received the APA's award for Distinguished Contribution in the Public Interest in August 1992, you made a speech, which covered this part of the history of the APA. A long excerpt from that speech is included here for your character development. Do not quote or even paraphrase this speech in the course of the game - this is here as a primary source for you to understand your character's biography and experiences during this period.

In 1953, when I applied for a six-month grant from the National Institute of Mental Health (NIMH) to study nonpatient, nonprisoner homosexuals, I had no intention of starting a new career. What I did not fully anticipate was the wealth of research demands and opportunities, the lively interest and cooperation of the gay community, and the continued interest and offers of assistance from the Grants Division of NIMH.

After I applied for the NIMH grant, the late John Eberhart came to UCLA to spend a day with me. It was clear that he wanted to see what and who I was. It was the height of the McCarthy era: Communists and homosexuals were the objects of destructive witch hunts. At the end of the day, Dr. Eberhart said "We are prepared to make you the grant, but you may not receive it. Everyone is being investigated. If you don't receive it, you won't know why and we won't know why."

I can only assume that either I was not investigated or that it was a slipshod investigation. In either case, why? My husband was a very

distinguished professor of English at UCLA. In every way, he presented the characteristics of traditional values, but he fought very hard against the University of California loyalty oath, as had I. If the FBI had dug more deeply into my history, they would have found a first husband who drove an ambulance in the Spanish Civil War. If the question came to the FBI's attention at all, how did they interpret my interest in gay men? I will never know. If it was investigated, I did not know it.

Under the direction of Philip Sapir (who became chief of extramural grants when Dr. Eberhard left NIMH), I received a series of specific research grants until 1961, when I received a Research Career Award. During this time, Philip Sapir took a personal interest in my research, making the resources of his position available in incredible ways. For example, he invited me to give a lecture at NIMH especially for the research scientists, and afterward to spend three days in a seminar with a handpicked group of them. Because I worked alone, his moral, financial, and intellectual assistance became of the utmost importance. When I expressed my gratitude, he said that, in his position, he had general knowledge of many research projects and that it was very gratifying to know one in detail. It is highly probable that, without his interest and help, I would have stopped after the first major paper, and would not be here today.

### **The Role of Serendipity**

As I reflect on the adverse conditions potentially threatening the successful pursuit of the goals of my research, I am impressed by the many serendipitous conditions that made the research possible. For example, a site visitor stressed the "fact" that members of the study committee would consider that I was working with psychopathology and that I must have a psychiatric consultant. With many reservations, I went to see the chair of the Psychiatry Department. When he asked about the research, I told him I was studying "normal male homosexuals." He rose from his chair and said, "What do you think you are doing? There is no such person." He then referred me to Frederic Worden, who had just come to the department. I let Dr. Worden read my application. He, then, turned to me and said, "I have never seen such persons, but I sure would like to." He became a valuable consultant.

A second perennially recurring situation was the demand of university officials that the research be conducted at the university. I resisted this demand because to have yielded would have meant the end. Not a single person would have come. The first absolute condition was secrecy and confidentiality. By great good fortune, our home was a very spacious estate of an acre of ground with a garden study separate from the house. It was there that the research was conducted. Once a person opened the garden gate, he was invisible to the neighbors. Without this superb place in which to conduct the research, I would never have attempted it.

### **The Imperative of Confidentiality**

It will be obvious to you that the absolute sine qua non of research into behavior thought to be "a sin, a crime, and a disease" is confidentiality.

Before I began the research, my friend Christopher Isherwood lived in the study for a while. If I asked him for a favor, he would often reply, "Yes, if you will keep me out of Norwalk." Norwalk is a California mental institution. The triple stigma was never far from the minds of the men whom I came to know nor was it far from mine.

The ramifications of confidentiality in this project were very extensive. A young gay man recently asked, "How did they know they could trust you?" The answer is, I don't know. Every testing and life history session was tape recorded. I assured each person that only my secretary would listen to them and after transcribing them would erase the tapes. Did they believe me? Yes, apparently so. One man who was nationally known by his books called me long distance at frequent intervals to ask whether his tapes had been erased.

One of my objectives was to understand each life as fully as possible, and thus to keep all of the personally identifying data for each man. This meant, in my view, that it would be impossible to share this highly confidential material with a co-worker. Building confidentiality with the gay community at that time was not an easy task. I could not lightly, if at all, share these confidences with another. Informal applications to be a coinvestigator were numerous, but I continued to work alone until the data gathering phase was complete.

Working alone in such a stress- and trauma-laden field inevitably entails high psychological costs. Without a colleague with whom to share the sympathetic knowledge of human suffering, sometimes one's own vicarious suffering becomes almost unbearable. This was especially true for me after my husband's death. I hasten to make clear that, when I characterize conducting research with gay men as stressful, I am only referring to the McCarthy era when the penalties were barbaric.

Even then, had I chosen just to remain in my study and let the gay men come to me, perhaps the stress would have been less. I could not settle for less. Instead, I accepted invitations to gay parties, gay organizations, gay after-hours clubs, and gay bars. I was convinced that, because of the secrecy imposed on gay men whose occupations and very lives were at risk if their identity became known, it was essential to know and understand everything I could about the gay social milieu that they created.

How it came to be known as the "gay world" remains a mystery to me. As I know it, however, the term in its generic meaning is, in part, justified. Camping, for example, is a dramatic form of behavior in both its high and low comic and tragic aspects. Perhaps an illustration will convey something of both. One evening at a dinner party attended by a number of distinguished writers and myself as the only woman, attention turned to how the guests could enhance my knowledge of gay institutions, for example, gay baths. My friend, Christopher Isherwood, then began a very dramatic story about how he would take me to the Crystal Baths on the Santa Monica beach, and what we would see, beginning on Level 1 – nude men in various sexual activities – complete

with hilarious descriptions of the activities on each of the various levels until we reached the top. And then, he said, I would be killed, because no woman is allowed to know the secrets of the gay world and live.

The issue of confidentiality became acute in what I shall refer to later as "the Year of the Trial." Meanwhile, my adversarial position vis-a-vis the Los Angeles police force needs some clarification. I was pressured by a psychiatrist friend to seek an appointment with the chief of police. My friend said, "Of course he knows about your research activities and it would be helpful if he met you in person." How would the chief of police know about my research activities? In an invited paper entitled "The Gay Community," given in Copenhagen in 1961, I have described my research activities in gay bars. The police would have been aware of these activities, in part because I was usually the only woman in a bar. I hasten to add that I always went to a gay bar with a gay friend.

I was advised by my psychiatrist friend not to go alone for the appointment with the chief. Why? Because I was a woman. Dr. Worden accompanied me, biting his nails and saying that he had watched too many police films. Chief Parker did not understand why I was doing the research, "because a man from Pasadena proved it was all glandular." When I objected, he said "Well, it's like the smog. It doesn't matter how it got here. We just have to deal with it." He then wanted to introduce me to the Central Vice detail. I avoided that because I knew that if I did, the news would be all over the gay community within hours. I asked whether the police would ever try to subpoena my confidential files. "No," he replied, "If you should ever have information about a homosexual murder, I hope you would voluntarily give us the information."

I turn now to the Year of the Trial, 1961. Briefly, the facts are that five people were arrested and charged with conspiracy to obtain a criminal abortion. The five were two psychiatrists, an obstetrician, a young man, and myself. I had referred the young man (a friend) and his girlfriend to one psychiatrist, who had recommended a therapeutic abortion and who had sent the pair to a second psychiatrist, who made the same recommendation and sent them to an obstetrician. He performed the surgery in his office without a nurse present and sent the woman home. Complications developed. Her boyfriend insisted on hospitalization. Her father moved her to another hospital and declared charges to the police.

When two men, identifying themselves as with the state board of quality assurance visited me in my university office, I became alarmed when they asked "On what do you do research?" and "Do you accept fees for referrals?" It did not occur to me that I was personally in danger. However, waves of anxiety swept over me as I thought about the perils to my research data riddled with identifying names, places, and dates. I knew, as did many, of the unscrupulous surveillance practices of the Los Angeles Police Department at that time. My secretary and I spent the better part of the year in removing identifying data from the records. A judge, six months after the grand jury indictment, ruled that the jury had insufficient grounds to indict me. The anxiety did not diminish until both psychiatrists and the young man were declared innocent. Many

of my friends believe that the police acted in my case only because of my research on homosexuality. It cannot be proved, but I believe it is so.

Incidentally, I carried a letter signed by the Chancellor at UCLA which identified me in case my activities were ever brought to the attention of law enforcement authorities. I never needed it, and felt I never would unless the university was involved.

### **The NIMH Task Force**

In 1969, I was called by Stanley Yolles, then director of NIMH, asking me to come to Washington and "tell him what we ought to be doing about homosexuality." He added that "we want to sweep it out from beneath the rug." I suggested that we needed a group of thoughtful people who were social scientists or were in law, religion, or psychiatry and who could bring their knowledge to bear on this question. The director replied that if I would give him a list, he would make the appointments for a "blue ribbon task force." I looked forward to it with high expectations.

The agenda that I proposed was both a comprehensive outline of research and of social policy issues, including the possible endorsement of a model penal code and the establishment at NIMH of a center for the study of sexuality. Many members of the task force said at the outset that they knew nothing about homosexuality. I thought that should not exclude them because they were needed to bring social science to bear on the issues. The discussions were lively and gave promise of a good final report, with two exceptions.

The stumbling blocks were viewing homosexuality as not necessarily synonymous with psychopathology, and endorsing a model penal code in which homosexuality was no longer viewed as a crime. Thus, three task force members wrote dissenting opinions on the basis that (a) NIMH was not a policymaking, but solely a research institution, and (b) that there were not enough data to support the "normal" position. Within three years, however, the American Psychiatric Association voted to delete homosexuality from its diagnostic handbook, and the American Psychological Association (APA) followed.

Our task force report was not published for two years, an indication of what some officials thought of it. Judd Marmor, a distinguished and indispensable member of the task force, when asked why we did not accomplish more, said that one possible reason might be that I was too optimistic. That may be true. After all, in 1963, Dr. Marmor asked me to write a chapter for his first book on homosexuality, titled *Inversion*. He said that I must write it, "because you are the only person to hold your point of view."

### **Highlights and Satisfactions**

I have spoken of some of the problems related to my research in the repressive milieu of the 1950s and 1960s. I would like now to mention some highlights of my satisfaction and delight.

First, can you imagine what it was like when I examined the results of the three judges of the adjustment ratings from the projective techniques? I knew the men for whom the ratings were made, and I was certain as a clinician that they were relatively free of psychopathology. But what would these superb clinicians find? You know now that the two groups, homosexuals and heterosexuals, did not differ in adjustment of psychopathology. When I saw that, I wept with joy. I knew that the psychiatrists would not accept it then. But sometime!

[cut, for the purposes of the game]

Another, earlier event was back in 1961, when I was invited to give a paper at the International Congress of Psychology. I learned that a young Norwegian, Finn Carling, was beginning a study of homosexuals and that it would be worth my while to see him. When I called him, he said that he was just beginning and that it would not be worth my while. I persisted, and he agreed to meet me at the airport. "You will know me because I have a big dog," he said. And so he did. Friends told me he was a spastic. Don't ask me how he drove his car, because he had the use of two forefingers only. He said, "If you don't mind not talking about science for awhile, I will show you where I grew up." He pointed to a stream running through a meadow where his parents had put him, having been told he would never walk. But he did – at 15.

After we had tea, he turned to me and said, "I want you to know that I am on their side." I think I said, "Me too." And then he said an astonishing thing: "I am not only studying homosexuals, but I am studying refugees, because they teach me the meaning of movement. I am studying the blind, because they will teach me the meaning of sight, of vision. I am studying homosexuals, because they will teach me the meaning of love.

That was 30 years ago, but Finn Carling's radiant face, his enormous physical and psychological courage, and what he wanted to learn from gay and lesbian folk have never faded in intensity. In an age when the scourge of AIDS continues relentlessly, there are many images of love in the gay world. I have the conviction that without love, the gay world would perish.

In the summer of 1937, at the height of the Spanish Civil War, I was in London. I attended a Spanish Republican rally. It was at fever pitch, so to speak, and the crowd was demanding that Paul Robeson, that great man and great voice, sing the Spanish National Anthem. From time to time, he would say "I'm saving the best to the last." Finally, with sounds that seemed to come from the bowels of the earth, he sang the Spanish National Anthem.

I have one more event to note, and I have saved the most extraordinary to the Last. About four years ago, I received a letter from a trustee officer at a bank in Lincoln, Nebraska. In it he stated that Wayne Placek had designated me to select a committee to decide how the trust fund he was establishing should distribute funds for the purpose of research to increase "the general public's understanding of gay men and lesbians,

and reduce the stress experienced by those people in this and future civilizations.” I remember that I had interviewed Wayne Placek in the late 1950s, but nothing unusual came to mind. I did remember that, along with many others, he hated being gay because of society’s treatment.

After a period of three years, the final settlement of the fund was announced – approximately a half million dollars! Through the valiant and imaginative work of Steve Morin and Douglas Kimmel, the money now is in the American Psychological Foundation, earmarked for research under the control of Dr. Morin and selected officers of Division 44, and the guidance of the Foundation.

(Full text available at [http://psychology.ucdavis.edu/faculty\\_sites/rainbow/html/hooker\\_address.html](http://psychology.ucdavis.edu/faculty_sites/rainbow/html/hooker_address.html))

Also, watch (if you can) “Changing our minds, the story of Evelyn Hooker”: <http://www.imdb.com/title/tt0103938/>

## 27.2 *Game Objectives*

You were trained as a behaviorist, by Karl Muenzinger<sup>1</sup> and Robert Yerkes, who was a good friend of John Watson. Many of Watson’s arguments draw from comparative psychology as a discipline. Muensinger’s view, however, was more like Tolman’s than Yerkes (see the Brief history of the concept of ‘Psychology’ section 2.2 on p. 23 in the game-book). You are committed—as is your field—to the thesis that one can learn about the psychology of humans by studying the minds of animals. If the cognitivists are successful at getting the line between “man and brutes” reestablished, it may relegate your field to a psychological footnote. Defend behaviorism, in particular the thesis that there is no hard and fast line between humans and animals, from the attacks of the cognitivists.

You published a pivotal study on homosexuality in 1956 and 1957 that along with Kinsey’s report, is usually credited with starting the movement to remove homosexuality from the DSM. Look up the study and read it carefully. You’ll be expected to speak about its findings during the 1971 conference. You should also understand your opponent’s position on this matter.

Freud mentions homosexuality a number of places in *Introductory Lectures on Psychoanalysis*, and it is crucially important that you study these carefully. Freud believes that sexual life of children, which is regarded at the time as ‘normal’ includes a number of activities that would later in life be viewed as ‘perverse’, including same-sex contact. In Freud’s theory, heterosexuality develops with puberty in normal people. In ‘inverts’ or homosexuals, something goes wrong in this development. The object of ones’ ‘natural’ desire—the genitals of the opposite sex—becomes transformed into parts of the body

<sup>1</sup> See Muenzinger, K. (1942). *Psychology: the science of behavior* Harper, New York. Muenzinger is the only President of the APA to hold BOTH an MD and a PhD. He often argued that *both* degrees were the best for a psychologist.

that represent those parts in the same sex. Thus, homosexuality is no different in psychological mechanism than a foot fetish or any other neurotic 'perversion' (see p. 376–384 of Introductory Lectures) Homosexuality is not a psychologically isolated condition. According to Freud:

"We are compelled, however, to regard the choice of an object of one's own sex as a divergence in erotic life which is of positively habitual occurrence, and we are learning more and more to ascribe an especially high importance to it." (p. 381)

In short, homosexuality is a kind of neurosis, yet it is not, itself, particularly worrying. The action itself is merely 'habitual,' and hence can be cured through standard habit-blocking therapy (Freud suggests that paranoia stops homosexuality on p. 381 of the Introductory Lectures). It is, however, invariably an indicator of deeper psychological problems, as the transference and substitution of the 'natural' object of sexual desire to a different object will cause neurosis. See Ch 26 of the Introductory Lectures, especially p. 530, for Freud's explanation of homosexuality as neurotic narcissism.

Your study, which sought to establish if homosexuals exhibited neurotic symptoms aside from their homosexuality, is a direct challenge to Freud's theory. The current advocates of the Freudian tradition in Homosexuality are C. Socarides and I. Bieber. Bieber's 1962 book *Homosexuality* presented the result of his 9-year study of 100 homosexual males. According to him, homosexuals males are those whose 'heterosexual instinct' is crippled in some way. Be ready to defend your study against criticisms from Socarides and Bieber.

### *Specific Assignment*

#### **Initial Committee Membership**

That means it is your responsibility to coordinate with the other two members (Gebhard and Anastasi) to arrange the conference schedule for the second week of class. After that, consider running for the Board of Directors or President of the APA. 71: Washington DC, 72: Dallas.

**Committee 1 (Hooker)** *initial member of the program committee, with your term expiring in 1972*

#### **Demedicalization**

Your research is the strongest out there that homosexuals are not suffering from mental illness *other* than that caused by the medicalization of homosexuality.

**Research 1 (Hooker)** *Propose an in class experiment to demonstrate classical conditioning. The game master has a sample for you to consider in Classical Conditioning subsection B on p. GM193.*

#### **Research**

In 1972, there will probably be competing papers from Socarides &



Bieber and Richard Green. Both of these papers will likely contain critiques or analyzes of your data. Be prepared to defend your study, or use it to critique others.

### Association Business /DSM-III

In 1971, This talk should introduce the history of your research, and the data you have that shows that non-patient homosexuals are not mentally disordered. You might also make reference to the 1964 'Midtown Manhattan Study' (1964), which seems to show that mental health disturbances are more related to social-economic status than any other factor—in this case, it may be consistent with your findings that any perceived mental illness in gay men is the result of their ostracism from society, rather than the cause thereof.

In 1973, oppose the dissolution of the nomenclature committee on grounds that the proposed taskforce would give too much power to a single individual: Spitzer. The process of classifying mental illness needs to be open and transparent, and an elected committee would be more open and transparent than a taskforce.

**Writing Assignment 1 (Hooker)** you are scheduled to give a talk entitled "The mental health of non-patient male homosexuals" during the symposium titled "Psychiatry: Friend or Foe to Homosexuals: A Dialogue" with John Fryer.

### Social responsibilities of social scientists

Your work has had a significant impact on society already, but you are, first and foremost, a scientist. You spoke out when you had collected data, not before.

### Definition of 'mental illness' and fission of the APA

**When, and if, the game reaches a point of trying to define mental illness**, you must pass a behaviorist interpretation of mental disorder /illness.

## 27.3 Must Read

### Primary sources

Evelyn Hooker. 1956. "A Preliminary Analysis of Group Behavior of Homosexuals". *The Journal of Psychology* 42, no. 2 (): 217–225

Evelyn Hooker. 2010b. "The Adjustment of the Male Overt Homosexual". *Journal of Projective Techniques* 21, no. 1 (): 18–31

Evelyn Hooker. 2010a. "Male Homosexuality In the Rorschach". *Journal of Projective Techniques* 22, no. 1 (): 33–54

Evelyn Hooker. 1961. "Homosexuality: Summary of studies". In *Sex ways—in fact and faith: bases for Christian family policy*. New York: Association Press

Evelyn Hooker. 1965. "Male homosexuals and their worlds". In *Sexual Inversion*. New York : Basic Books

Evelyn Hooker. 1969. "Parental relations and male homosexuality in patient and nonpatient samples". *Journal of Consulting Clinical Psychology* 33 (2): 140–142

### *Secondary Sources and Other Relevant Work*

*Evelyn Hooker, Ph.D.*. <https://psychology.ucdavis.edu/rainbow/html/hooker2.html> The site contains links to a number of obituaries and remembrances.

Katharine S Milar. 2011. *The myth buster*. <https://www.apa.org/monitor/2011/02/myth-buster>

## 28 *Cognitivist Overview*

Cognitivist Psychology, and the affiliated disciplines that make up 'Cognitive Science': linguistics, computer science, philosophy and neuroscience, owe an intellectual and cultural debt to behaviorism. While many in the cognitivist community see themselves in the tradition of William James, John Dewey and the 'Chicago school,' most cognitivists were trained as behaviorists. They do not differ with behaviorists with respect to the metaphysical thesis that the mind is physical. They differ on the basic object of study of psychology: the cognitivists hold that psychology is the study of the mind, not just behavior.

Theoretically, cognitivism marries information theory of computer science to psychology and neurobiology. It sees mental states and processes as informational states and processes which are realized in the computational 'hardware' of the brain. Thus, a proper explanation of psychology should not only describe the behavior of the organism, it should also explain the informational algorithm that drives that behavior, and the neurobiological states that implement the algorithm.

You are neutral on the issue of the definition of mental illness, but be ready to oppose any definition that is clearly behaviorist or psychoanalytic in nature.



## 29 Noam Chomsky, PhD

Starting Credibility: 15

### 29.1 *Your Biography*

You are Noam Chomsky, PhD Revolutionary in Linguistics, Professor of Linguistics and Philosophy, MIT.

After primary education at an experimental school of progressive education in Philadelphia, you enrolled at the University of Pennsylvania where you studied mathematics, philosophy and linguistics. In 1951, you moved to Harvard, where you stayed until 1955. Your masters thesis *The Logical Structure of Linguistic Theory* was published in 1955, the same year you were granted your PhD In Linguistics from University of Pennsylvania.

In the debate between cognitivists and behaviorists, you are the 800 pound gorilla. In your short career, you have revolutionized the entire discipline of linguistics, founded (with George Miller and Herbert Simon and Newell) the new interdisciplinary field of Cognitive Science, and become the intellectual spokesperson of the American left.

#### 1) Revolution in Linguistics

Before Chomsky, linguistics was primarily descriptive and taxonomical. You see linguistics as a branch of cognitive psychology,<sup>1</sup> whose goal is to discover the mechanism that produces all and only grammatical sentences in a language. Your theory is complex, and you have changed it slightly over time, so this description should be read as highly introductory and superficial. As a student, you are strongly encouraged to read the primary sources below to get a sense of the complex issues herein.

Roughly then, you understand linguistics—the scientific study of language—as the study of the rules of grammar. In short:

“The person who has acquired knowledge of a language has internalized a system or rules that relate sound and meaning in a particular way. The linguist constructing a grammar of a language is proposing a hypothesis concerning this internalized system. The linguist’s hypothesis, if presented with sufficient explicitness and precision, will have

<sup>1</sup> See, e.g. Chomsky (1968), p. 1

certain empirical consequences with regard to the form of utterances and their interpretations by the native speaker.” (1968, p. 23)

Harkening back to the Port-Royalists of the 17th and 18th century, you hold that a system of propositions that expresses the meaning of a sentence is produced “by the mind as the sentence is realized as a physical signal, the two being related by certain formal operations that, in current terminology, we may call grammatical transformations.” In short, the meaning of a sentence is symbolically related to the physical structure of symbols in the brain. The task of cognitive scientist is to understand these internal relations through the positing of informational systems.

You go on to distinguish between *surface structures* and *deep structures*. *Surface structures* are structures of the language spoken, such as ‘subject and predicate’. *Deep structures* are structures of the underlying meaning. The sentences ‘Bob is to the right of John’ and ‘John is to the left of Bob’ have different surface structures but the same deep structure. On the other hand, some syntactic (grammatical) structures are insufficient to determine meaning. For example include ‘I like her cooking’, could mean ‘I like what she cooks, in general’ and ‘I like her when she cooks,’ or even ‘I like it when someone is actively cooking her.’ Three deep structures, one surface structure.

To provide an adequate theory of a language, one must specify the complete ‘grammar’ of that language. Doing so would require three parts: (1) a syntactical component that would generate sentences in that language, revealing the internal structure of the infinite set of possible sentences in the language (2) a phonological component that describes how the language sounds, and how it relates to the syntactical component, and (3) a semantical component that describes how a language means. These are represented in Illustration 1. It is the task of the linguist to specify the rules by which the transitions take place.

## 2) Contributions to Cognitive Science

In 1959, you published the famous “Review of Skinner’s Verbal Behavior.” You were born in 1928 and received Ph.D in 1955, when you became an assistant professor of linguistics at MIT. This review was written, then, when you were an untenured 31 year old. It is included as an appendix to the gamebook. This review is not only hugely influential, it is hugely controversial. Many people have accused you of not understanding behaviorism, misquoting Skinner, and various other academic abuses.<sup>2</sup>

Your basic argument is two-fold, first that Skinner’s terminology is hopelessly confused, and second, that behaviorism is unable to explain observable facts about language acquisition. It is the second of these—which is an empirical claim, after all—that has been the most

<sup>2</sup> See, e.g. K MacCorquodale (1970) “On Chomsky’s Review of Skinner’s Verbal Behavior” *Journal of the Experimental Analysis of Behavior* 13: 83–99 and Adelman, B. A. (2007) “An Underdiscussed Aspect of Chomsky (1959)” *Analysis Verbal Behavior* 23(1): 29–34.

persuasive. It is important, however, that you master both.

There is another important point in your work, but it doesn't appear in the review. Consider Skinner's contention that science cannot take into account 'inner states.' You argue:

It is hardly possible to argue that science has advanced only by repudiating hypotheses concerning "internal states." By rejecting the study of postulated inner states Skinner reveals his hostility not only to "the nature of scientific inquiry" but even to common engineering practice. For example, Skinner believes that "information theory" ran into a "problem when an inner 'processor' had to be invented to convert input into output" (p. 18). This is a strange way of describing the matter. Suppose that an engineer is presented with a device whose functioning he does not understand, and suppose that through experiment he can obtain information about input-output relations of this device. He would not hesitate, if rational, to construct a theory of the internal states of the device and to test it against further evidence. He might also go on to try to determine the mechanisms that function in the ways described by his theory of internal states, and the physical principles at work – leaving open the possibility that new and unknown physical principles might be involved, a particularly important matter in the study of behavior of organisms. His theory of internal states might well be the only useful guide to further research. By objecting, a priori, to this research strategy, Skinner merely condemns his strange variety of "behavioral science" to continued ineptitude. (Chomsky, 1971).

### 3) Politics

You have always been a dissident. You strongly object to the Vietnam war, and have always been a vocal opponent of American Foreign Policy that you see as 'imperialistic.' You have been called a 'socialist anarchist' in a number of circles, and the name is not entirely wrong. You believe that any state that imposes its will on people needs to justify that imposition, and the justifications you have seen are lacking.

You have an affiliation with the Students for a Democratic Society – the SDS. The SDS is a national network of radical students opposed to the Vietnam war, capitalism and the like. While some have described you as the 'faculty advisor' for MIT's branch of the SDS, the truth is that the SDS would not admit of such hierarchical arrangements. But perhaps it is better to just use the term, rather than have to explain to everyone that there were no such 'faculty advisors'.

The SDS are radical, but generally peaceful. They did, however, come to the aid of the Stonewall patrons during the riots in Greenwich Village in 1969 (see 'History of Gay Rights Movement' in the game book). You fully support those actions.

In the summer of 1969, the SDS split amidst a conflict between the language of the 'old-left' Marxist-Leninist Weathermen underground and the 'new left' SDS-Workers Alliance. The Weathermen underground radicalized after the split, and following the murder of Black

Panther leader Fred Hampton, engaged in bombings and other acts of terrorism. You were in no way affiliated with the Weathermen. In fact, their adoption of language from the brutal regimes of Lenin, Stalin and Mao is antithetical to your entire political agenda. We mention it here simply because your political opponents often seek to tar you with ‘guilt by association’ attacks, holding you responsible for the actions of the Weathermen.

You are, however, willing to work with many other advocates for human and civil rights, including Judd Marmor, Kenneth Clark and others.

## 29.2 *Game Objectives*

Remember that in addition to being one of the intellectual heavyweights of your era, you are a political radical, affiliated with the SDS: Students for a Democratic Society. The SDS came to the aid of the Stonewall rioters in 1969. You are an ardent supporter of the movement to declassify homosexuality, as well as being generally concerned about the use of psychiatric and psychological concepts to control people.

Oppose and criticize Behaviorism when and wherever you can. While you must carefully read your review of ‘Verbal Behavior’ that is contained in the appendix of the gamebook, you should also look at your 1971 paper ‘The Case Against B.F. Skinner’ available online (see below). You are nothing if not polemic.

Your final task in this game is to engage the Piaget in a public discussion or debate of the concept of ‘innateness’ in psychology, and the acceptability of positing innate ideas in a scientific enterprise. You should propose the event to the conference committee in time for it to happen in 1975.

As you will remember, the problem of innate ideas strikes the very core of the idea of the scientific study of the mind: the empirical hypothesis unifies the tradition as a whole, with the exception of Jungians. Moreover, the debate on homosexuality often turns, in the public mind at the least, on whether sexuality is innate (an ‘orientation’) or not (a ‘preference’). The kind of innateness you and Piaget are discussing is probably not the same, as you both agree that the structure of thought that is innate, not the content. This should be made clear in your public discussion.

You posits that there is a innate system of grammars that are common to all humans, as a function of our biology. Piaget agrees there is a ‘fixed nucleus’ of cognition that is innate, but only commits to the thesis that “the functioning of intelligence alone is hereditary.” The actual debate is recorded in Piatelli-Palmarini’s 1980 book, which



you should review during the course of the game.

### *Specific Assignment*

#### **Initial Committee Membership**

No committee memberships at the beginning, but eligible for any.

#### **Demedicalization**

Indeterminate

#### **Research**

Indeterminate

#### **Association Business /DSM-III**

Indeterminate

#### **Social responsibilities of social scientists**

Organize and participate on a symposium and J. Marmor and K. Clark on the duties of academics with respect to social activism in 1974. The symposium will need a dissenting voice—you may wish to invite Leona Tyler to take part. You should articulate the views contained in your 1967 paper, as well as your criticisms of behaviorism contained in your 1971.

Oppose the passing of the 'Leona Tyler principle', which states:

As citizens, members of the APA have the right to advocate for any cause through the myriad of political advocacy organizations, but when psychologists and psychiatrists speak for the profession through APA public stances and proclamations, it should be from science and professional experience.

On occasion psychiatrists are asked for an opinion about an individual who is in the light of public attention or who has disclosed information about himself/herself through public media. In such circumstances, a psychiatrist may share with the public his or her expertise about psychiatric issues in general. However, it is unethical for a psychiatrist to offer a professional opinion unless he or she has conducted an examination and has been granted proper authorization for such a statement.

#### **Definition of 'mental illness' and fission of the APA**

Found the Cognitive Science Society

You are neutral on **the issue of the definition of mental illness**, but be ready to oppose any definition that is clearly behaviorist or psychoanalytic in nature.

**Writing Assignment 1 (Chomsky)** *Prepare a paper on the concept of innateness in cognitive science, paying close attention to how your view differs from the behaviorists (who believe nothing is innate), the psychoanalysis and the older views of Jean Piaget. Organize a symposium with Piaget for 1975.*

**Writing Assignment 2 (Chomsky)** *If Piaget is not a character, or if the gamemaster decides to leave out the issue of innateness, your paper will be in connection with the social responsibilities of social scientists symposium.*

### 29.3 *Must Read*

[Chomsky makes many of his papers available online at: <http://www.chomsky.info/articles.htm>]

Noam Chomsky. 1959b. "Review: Verbal behavior by B.F. Skinner". *Language* 35 (1): 26–58. Electronic copy of 'review' with preface: <http://cogprints.org/1148/o/chomsky.htm>

Noam Chomsky. 1967. "Recent Contributions to the Theory of Innate Ideas". In *A Portrait of Twenty-five Years*, 31–40. Dordrecht: Springer, Dordrecht

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Noam Chomsky. 1968. *Language and mind*

Noam Chomsky. "The case against BF Skinner". *doyleqhs.com*  
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Piatelli-Palmarini. 1984. "Play, Dreams, and Imitation in Childhood" Reviewed at: <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=5843312>

### *Further readings*

### *Primary Sources*

Noam Chomsky. 1975. "The Logical Structure of Linguistic Theory" - originally appeared in manuscript form in 1955)

Noam Chomsky. 1965. *Syntactic Structures. Aspects of the Theory of Syntax*. Cambridge: Cambridge

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Noam Chomsky. 2009. *Cartesian Linguistics*. 3rd ed. A Chapter in the History of Rationalist Thought. Cambridge: Cambridge University Press

### *Secondary Sources and Other Relevant Work*

J R Searle. 1974. *Chomsky's revolution in linguistics*. available at <http://www.chomsky.info/onchomsky/19720629.htm>

R H Robins. 2013. *A Short History of Linguistics*. 4th ed. Routledge

## 30 *David Marr, Graduate Student*

Starting Credibility: 0

### 30.1 *Your Biography*

Young neuroscientist from Cambridge. In 1971, you haven't even finished your dissertation, which proposes a model of the function of the brain with respect to vision. You come to the APA primarily because of your interest in the work of Miller and Chomsky. You think of the brain as essentially an information-processing device, and you know that Miller and Chomsky both got their start working in information theory during WWII.

You were born in Essex, England, and educated at the private, prestigious Rugby School. You went to Trinity College, Cambridge on 1 October 1963, where you studied Mathematics for both a BS and an MS. You became interested neuroscience and started a PhD under the direction of Giles Brindley. You are currently working on your Dissertation in the physiology of vision. You've only published three papers at this point, but they have been influential.

You treat the brain as an information processing system. You put forth (in concert with Tomaso Poggio) the idea that one must understand information processing systems at three distinct, complementary levels of analysis. This idea is known in cognitive science as Marr's Tri-Level Hypothesis:

- computational level: what does the system do (e.g.: what problems does it solve or overcome) and, equally importantly, why does it do these things
- algorithmic/representational level: how does the system do what it does, specifically, what representations does it use and what processes does it employ to build and manipulate the representations
- implementational level: how is the system physically realized (in the case of biological vision, what neural structures and neuronal activities implement the visual system)

### 30.2 *Game Objectives*

Articulate your theory of levels of explanation, and its sympathetic relationship to Chomsky and Miller's metatheoretical positions with respect to explanation in linguistics and psychology respectively. This should be in the form of a paper in 1975.

#### *Specific Assignment*

##### **Initial Committee Membership**

No initial committee memberships, but eligible for any.

##### **Demedicalization**

Indeterminate

##### **Research**

Propose the classic cognitive psychological experiment 'the magic number seven' to the research committee in 1972. The gamemaster can give you a copy of the experiment from Information Processing Capacity: A Visual Demonstration of the Magical Number Seven subsection B on p. GM215.

Support, if necessary, Miller's advocacy for the 'Mental Rotation' task in 1971.

**Research 1 (Marr)** *Propose the classic 'Information Processing Capacity: A Visual Demonstration of the Magical Number Seven' as a research project in 1972.*

##### **Association Business /DSM-III**

Indeterminate

##### **Social responsibilities of social scientists**

Indeterminate

**Writing Assignment 1 (Marr)** *Present a paper on the levels of explanation in cognitive psychology (1975)*

##### **Definition of 'mental illness' and fission of the APA**

You are neutral on **the issue of the definition of mental illness**, but be ready to oppose any definition that is clearly behaviorist or psychoanalytic in nature.

**Fission:** Join Miller and Chomsky's Cognitive Science Society

### 30.3 *Must Read*

#### *Primary Sources*

David Marr and W Thomas Thach. 1991. "A Theory of Cerebellar Cortex". In *From the Retina to the Neocortex*, 11–50. Boston, MA: Birkhäuser Boston

D Marr. 1976. "Early processing of visual information". *Philosophical Transactions of the Royal Society of London. B, Biological Sciences* 275, no. 942 (): 483–519

David Marr. 1980. "Theory of edge detection". *Proceedings of the Royal Society of London. Series B. Biological Sciences* 207, no. 1167 (): 187–217

David Marr. 2010. *Vision. A Computational Investigation Into the Human Representation and Processing of Visual Information*. Mit Press (esp. Ch 1)

### *Secondary Sources and Other Relevant Work*

Shimon Edelman and Lucia M Vaina. *David Marr*



## 31 George Miller, PhD

Starting Credibility: 10

### 31.1 Your Biography

You are George Miller, PhD, Professor of Psychology at MIT, founder of cognitive psychology and (with Noam Chomsky (MIT-Linguistics), Herbert Simon and Newell (Carnegie Mellon –Computer Science)) cognitive science.

You were born in 1920 in Charleston, West Virginia, where you lived until you enrolled in George Washington University in 1937. You transferred to the University of Alabama in 1938, where you completed your BA and were appointed Instructor of Psychology in 1941. You started Graduate school at Harvard in 1943.

While at Harvard, you joined the Psycho-Acoustical Laboratory where you worked on speech communication over static on radios. At that time you met and befriended a brilliant young linguist named Noam Chomsky.

You were elected to the position of Vice President of the APA in 1970, and take the role of President for the meeting of the APA in 1971, the first year of game play. You were 50 at the time of your election, which is young by professional standards.

You made your research 'name' with your famous paper "The magic number seven plus or minus two" (Miller, 1956). It is a must-read for all psychologists today. In 1960, you published *Plans and the structure of behavior*, which sets out your vision of psychology as a cognitive science (Miller, 1960). In fact, you founded the Center for Cognitive Studies at Harvard in 1960.

You are also a student of the history of Psychology. In 1958, you were approached by the historian of Psychology E.G. Boring, whose tomes *A History of Experimental Psychology* and *Sensation and Perception in the History of Experimental Psychology* adorn the desks of many psychologists and philosophers. You were brought to the project by Boring himself, who had been scheduled to produce an update to his histories, but was unable to do so. At the time, you had been planning

a new set of introductory psych courses at Harvard at the time, so you thought that this might be an opportunity for sympathetic research.

You took a leave of absence for the academic year 1958–1959 and spent the time at the Center for Advanced Study in Behavioral Sciences at Stanford. When you returned to Harvard, you worked with your colleague Jerome S. Bruner to create an introductory course titled “Psychological Conceptions of Man.” By 1961, you had finished the book which was published as *Psychology: The Science of Mentality* (Miller, 1962).

### 31.2 *Game Objectives*

Promote your vision of cognitive psychology as an alternative to behaviorism. You should actively work to funnel funding to projects that attempt to make inferences about underlying mental mechanisms, and away from those that deny the existence of such mechanisms (i.e. radical behaviorists).

As a student of the history of psychology, you are also very keen to place yourself in the narrative arc of psychology—which means that you will keep a close eye on those who are characterizing historical figures in inaccurate ways, or ignoring historical achievements that are often forgotten. Both the behaviorists and the psychoanalysts have a tendency to dismiss aspects of the history of psychology as ‘non-scientific.’ You are not so sure.

There is much in the work done by early experimentalists like William James that anticipates your work. And while you’re wary of being labeled an ‘introspectivist’ and dismissed as a neo-Wundtian,<sup>1</sup> it is important to point out that cognitivism has historical antecedents, and it may be behaviorism that is the historical anomaly. Watson and Pavlov are clearly important psychologists, but the history of psychology has not always been behavioristic, and you are keen to ensure that it is not portrayed as such.

You are neutral on **the issue of the definition of mental illness**, but be ready to oppose any definition that is clearly behaviorist or psychoanalytic in nature.

<sup>1</sup> See the history of the definitions of ‘psychology’ in the gamebook.

### 31.3 *Game Strategy*

Your position as first president gives you great power, but also great responsibility. Your first speech sets the tone of the entire game, not just the first session. So while there will be a great temptation to spend your time beating up behaviorism and promoting cognitivism, you should work hard to reconcile the warring factions. You are the first president from the cognitivist side – the behaviorists are worried that



your election signifies a massive shift in the kind of research that will be valued and funded. You need to allay those worries, and work for understanding of the mind, not petty disciplinary politics.

Much can be done towards this end by maintaining a good, highly visible working relationship with your elected successor Anthony Bandura. Remember that like him, you were 'raised' a behaviorist. The people in that faction are your friends and colleagues. What's more, some commentators have pointed out that Bandura's theory of 'social learning' in the bobo doll experiment can be interpreted to support a cognitivist position, rather than a behaviorist one. If you changed your mind, perhaps Bandura can as well? The same holds for Evelyn Hooker, who was schooled in the 'Tolman' tradition of behaviorism.

### *Specific Assignment*

#### **Initial Committee Membership**

Initial President of the APA.

**Committee 1 (Miller)** *Member of the Board of Directors as President of the APA in 1971*

#### **Demedicalization**

When Bieber and Socarides submit their report on sexual deviation in 1972, you should reject it as assuming too strict a Freudian perspective.

#### **Research**

In 1971, the gamemaster will introduce a 'mental rotation' experiment based in Shepard and Metzler 1971. You should be prepared to present the data – if your class is using the online psychology laboratory, report your classes' data. If not, report the data from the original.

**Research 1 (Miller)** *Present the data of the 'mental rotation' experiment generated by your class. If you do not have data, or could not run the experiment before the class began, present the data from the original as if it was yours.*

#### **Association Business /DSM-III**

. Look up Miller's actual presidential speech (Miller, 1969). You'll notice that it is actually not about the conflict between behaviorism and cognitivism. It is about what the psychological community can agree upon, not about what you disagree. Take a cue from the actual history here, and follow in his lead.

**Writing Assignment 1 (Miller)** *.You will open the game with a presidential address based on George Miller's actual speech "Psychology as a means of promoting human welfare."*

#### **Social responsibilities of social scientists**

Advocate for the role of psychology in social issues, supporting both Chomsky and others in their efforts.

### Definition of 'mental illness' and fission of the APA

**Fission:** Found the Cognitive Science Society with Noam Chomsky and David Marr (if he is a character).

## 31.4 *Must Read*

### *Primary Sources*

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George Miller. 1970. "Psychology as a Means of Promoting Human Welfare": 1063–1075

### *Other Primary Sources (for further research)*

G A Miller, E Galanter, and K H Pribram. 1960. "Plans and the structure of behavior."

George Miller. 1962. *Psychology, the science of mental life*. Oxford, UK

Roger N Shepard and Jacqueline Metzler. 1971. "Mental Rotation of Three-Dimensional Objects". *Science* 171 (3972): 701–703

George Miller. 1979. "A Very Personal History". *Talk to Cognitive Science Workshop, MIT, Cambridge, Mass.* 1 June 1979

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