

## ***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.

## ***Judd Marmor, MD***

### **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.

## 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 1971** 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.

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.

**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.

### ***Specific assignments***

During the first APA conference, you are to present your paper "Limitations of Free Association" to the population. The paper is available in Arch. Gen. Psychiat. 22:160-165, 1970.

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 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.

R. Green and J. Spiegel will be heading up a taskforce to report on the 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.

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

## **Must Read**

Marmor, J. (1970) "The Limits of Free Association" *Arch. Gen. Psychiat.* 22, p. 160-165

Marmor, J. (Ed.) (1965). *Sexual inversion: The multiple roots of homosexuality* (pp. 83107). New York: Basic Books.

Socarides, C.W. (1970). "Homosexuality and Medicine" *Journal of the American Medical Association* 212 (7): 1199

## **Secondary Sources**

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

Kutchins, H. & Kirk, S. (1997) *Making Us Crazy*. Free press