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 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.

Irving Bieber, MD

Your Biography

Irving Bieber's 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 you 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."

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.[1]

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)

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).[2]

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

> 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 a anachronism for the sake of the game, as Socarides and Bieber were psychoanalysts. But it's use was widespread in the treatment of homosexuality at the time, and you are the most famous defender of the medicalization 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).

Finally, **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.

Specific Assignments

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.

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.

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

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

Must Read

Bieber, I. (1962). Homosexuality: A Psychoanalytic Study: By Irving Bieber, et. al. New York: Basic Books, New York

Socarides, C.W. (1963). "Homosexuality: A Psychoanalytic Study: By Irving Bieber, et. al. New York: Basic Books Inc., 1962 385 pp." Psychoanalytic Quarterly, 32: 111-114

Socarides, C. W. (1968).*The Overt Homosexual*. Jason Aronson, Inc.

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

[1] Freud's discussion of the fixation of perversion as distinct from neurosis on p. 446-448 of the *Introductory Lectures* may be helpful here.

[2] See also Ch 12, ph. 304-306