

## 1: LGBT Mental Health Syllabus

*Homosexuality: A Psychoanalytic Study of Male Homosexuals* is a book about the development of male homosexuality by the psychoanalyst Irving Bieber, writing with Harvey J. Dain, Paul R. Dince, Marvin G. Drellich, Henry G. Grand, Ralph R. Gundlach, Malvina W. Kremer, Alfred H. Rifkin, Cornelia B. Wilbur, and Toby B. Bieber.

Disease or Way of Life? Nevertheless, he concluded that the book was "essentially unscientific and therefore socially irresponsible", and that its authors were intellectually naive. He argued that psychoanalysis itself is fundamentally flawed, and referred his readers to a critique of psychoanalytic methodology edited by the philosopher Sidney Hook, which in his view exposed its "essentially unscientific character". He criticized Bieber et al. She argued that their conclusion that male homosexuality is due to fear of heterosexual relations was an inference made from data that could have been interpreted differently. She noted that "the diagnosis is based on facts which were often true for a bare majority of the cases". She criticized Bieber et al. He wrote that Bieber et al. He accused Bieber et al. He argued that comparing heterosexual and homosexual patients could at most show only that the two groups had differing kinds of pathology, and that having psychoanalysts answer questionnaires about their patients made it possible for preconceived ideas to influence their interpretation of evidence. Citing the sociologist John Gagnon, he suggested that accurately reconstructing the life histories of individuals might be impossible, and criticized Bieber et al. He also argued that their statistical procedures were open to numerous possible criticisms, and noted that for most questions there were no statistically significant differences between heterosexuals and homosexuals, and that what differences were found were small. He wrote that it was necessary to ask why some sons who did not have detached fathers became homosexual, and that the fact that most sons of detached fathers did not become homosexual placed the relevance of paternal detachment in question. He also accused its authors of being biased and having a "stereotyped view of masculinity". He considered their effort to discuss patterns of family relationships to be "in principle well taken", but nevertheless found the result flawed, being limited to the system of "mother-father-patient son" and excluding relationships with siblings. He noted that the fact that boys with many different family backgrounds became homosexual men does not mean that early environmental influences do not influence sexual object choice, but was unpersuaded by Bieber et al. He wrote that while Bieber et al. He maintained that while Bieber et al. He questioned Bieber et al. He criticized Bieber for failing to find it significant that analysts sometimes gave different or even contradictory answers when questions were repeated on multiple questionnaires or within a single questionnaire. He wrote that there was little difference between the answers heterosexuals and homosexuals gave about their relationship with their parents. He concluded that Bieber failed to show that having a dominant mother causes homosexuality, and that the "imprecise or open-ended thesis" that having a distant father helps cause homosexuality could be neither proven nor disproven. She considered it an advantage that "the information was provided by psychoanalysts who based their judgments on intimate, long-range knowledge of the patients. She concluded that Homosexuality would be useful to social workers, and would help efforts to prevent homosexuality, and advance the study of "intrafamilial relationships". He credited its authors with successfully combining psychoanalytic and statistical approaches, and with supporting the established psychoanalytic positions that "an early disturbed mother-child relationship is a precursor to eventual homosexuality" and that "a disturbed father-son relationship aids and abets the development of homosexuality. One study did not find the pattern of close-binding-intimate mothers in the childhood of homosexuals. A series of non-analytic studies of homosexuals who were not patients were published between and Poor parental relationships were also reported by these studies, although their authors believed that "this might be a retrospective finding. This series of studies was itself subject to attempts at replication, and one of its findings, that masculine homosexuals did not go through a period of adolescent sissiness, was not supported. Hooker pointed out in a study that disturbed family relations were neither a necessary nor a sufficient cause of homosexual object choice. However, Homosexuality was still read and taught in psychopathology courses in universities in the s. The work was referred to with approval in almost every psychoanalytic article published after, with the

exception of some discussions in *The International Journal of Psychoanalysis* and *The Psychoanalytic Quarterly*. Kenneth Lewes writes that, "For many, it seemed the much-awaited confirmation of psychoanalytic ideas, and, for a while, it signaled an apparent formalization of the psychoanalytic theory about homosexuality. Tripp also referred to a "New York psychiatrist who for a number of years has headed a large psychoanalytic research program on homosexuality" admitted to Pomeroy that he knew of only one patient he had helped to become heterosexual and was on such poor terms with him that he did not feel free to contact him so that he could verify his claim to have changed his sexual orientation, [26] a comment that alluded to Bieber and his study of homosexuality. Johnson and the physician Robert C. Bell and the sociologists Martin S. He added that a "gnawing question" in such studies is what percent of heterosexuals give answers more typical of homosexuals and what percent of homosexuals give answers more typical of heterosexuals, and that such "contradictory" outcomes require explanation. Friedman wrote that Bell et al. In his view, the most important error is the sample, which consisted of patients in analytic therapy. Since these subjects had been preselected for psychopathology, the question of the emotional disturbance of the homosexual population at large could not be addressed. Bieber diagnosed the sample as follows: Bieber and his colleagues ignored the difficulties of obtaining a "normal" homosexual sample, which had been pointed out by Kinsey and other writers, and while this omission was criticized at length, Bieber did not accept the objection. Bieber continued to argue for the general applicability of his data, citing studies of homosexual adolescents committed to Bellevue Hospital, of soldiers arrested for homosexual activities during World War II, of prison populations, and a study done among low socioeconomic classes at a municipal hospital. Lewes commented that, "It is dismaying to see a major study repeat the chronic psychoanalytic error of generalizing from disturbed patients to the general population. Bieber and his colleagues concentrated on family dynamics, viewing sexual development as based on the effects of interpersonal stress on a biological constitution that naturally pressed to normative heterosexuality. Consequently, they saw any deviance as ipso facto evidence of severe interpersonal trauma. Their attention was shifted from biology, intrapsychic forces, and preoedipal development, and toward events that occurred after the Oedipus complex had been negotiated. He wrote that while Bell et al. They maintain that Bell et al. Murphy described Bieber et al.

## 2: Sigmund Freud's views on homosexuality - Wikipedia

*Exposing the basis of the acrimony and alienation that have characterized the relation between homosexuals and psychoanalysis, "The Psychoanalytic Theory of Male Homosexuality" is a sometimes.*

Of the four homosexual patients who had been sexually inactive at the start of treatment: A five-year follow-up was done on 15 of these patients: Discussion of Relevant Results: Our focus here is on the 72 patients who had been exclusively homosexual at the start of treatment. It is claimed that 14 of these had become exclusively heterosexual by the time of the study. As well, the inclusion of the "inactive" category Table XI-1, p. Thus, we can only claim that 14 patients who had been exclusively homosexual were exclusively heterosexual in behaviour at the time of the study. As discussed above, twelve of the fifteen patients who were followed for five years remained consistently heterosexual. According to Bieber, p. Thus, seven persons who were initially exclusively homosexual, remained exclusively heterosexual in behaviour for at least five years. Bieber does not distinguish between those who were initially exclusively homosexual and those who were initially bisexual. It is possible that some of the patients who were exclusively homosexual at the start of treatment experienced a partial or full shift in sexual orientation. However, based on the previous three items, there is no data to confirm or deny such a possibility. The questionnaires were filled out by the psychoanalysts who had seen the patients. The patient was not asked these questions directly, nor were outside sources used to confirm the answers. The questionnaire asked general questions about fantasies and dreams. The questionnaire itself did not provide definitions of these terms. Bieber sometimes groups patients who initially were bisexual, together with those who initially were exclusively homosexual see data about fantasy and dream content in Table IX-1B, p. Data should be separate for these two groups. Nicolosi 1 Reviewed and Critiqued in:

### 3: The Psychoanalytic Theory of Male Homosexuality - Kenneth Lewes - Google Books

*There is increasing public and professional debate over the normality and treatability of male homosexuality. This warrants a return to the earliest professional understandings of the condition, i.e., the origins of Sigmund Freud's psychoanalytic theory.*

In his view, this was true anatomically and therefore also mentally and psychologically. Heterosexuality and homosexuality both developed from this original bisexual disposition. Freud frequently called homosexuality an "inversion", something which in his view was distinct from the necessarily pathological perversions, and suggested that several distinct kinds might exist, cautioning that his conclusions about it were based on a small and not necessarily representative sample of patients. In his view, such transplant operations would be effective in changing sexual orientation only in cases in which homosexuality was strongly associated with physical characteristics typical of the opposite sex, and probably no similar therapy could be applied to lesbianism. Freud wrote that changing homosexuality was difficult and therefore possible only under unusually favourable conditions, observing that "in general to undertake to convert a fully developed homosexual into a heterosexual does not offer much more prospect of success than the reverse. Patients often had only superficial reasons to want to become heterosexual, pursuing treatment due to social disapproval, which was not a strong enough motive for change. Some patients might have no real desire to become heterosexual, seeking treatment only so that they could convince themselves that they had done everything possible to change, leaving them free to return to homosexuality afterwards. Freud, therefore, told the parents only that he was prepared to study their daughter to determine what effects therapy might have. I am most impressed by the fact that you do not mention this term yourself in your information about him. May I question you why you avoid it? Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them. Plato, Michelangelo, Leonardo da Vinci, etc. If you do not believe me, read the books of Havelock Ellis. By asking me if I can help [your son], you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a general way we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies, which are present in every homosexual; in the majority of cases it is no more possible. It is a question of the quality and the age of the individual. The result of treatment cannot be predicted. What analysis can do for your son runs in a different line. If he is unhappy, neurotic, torn by conflicts, inhibited in his social life, analysis may bring him harmony, peace of mind, full efficiency, whether he remains homosexual or gets changed.

## 4: Childhood experiences of homosexual men : Bibliography

*Chronicles the changing psychoanalytic position on male homosexuality, tracing the evolution of psychoanalysis from a humane discipline to a calcified orthodoxy and the emerging disinterest of psychoanalysts in homosexuality.*

Sodomy and Other "Crimes Against Nature" King Henry VIII Until the nineteenth century, same-sex sexual activity particularly between men was referred to in Anglo-American texts under the terms "unnatural acts," "crimes against nature," "sodomy," or "buggery. This included masturbation, "fornication," bestiality, and oral or anal sex whatever the sex of the participants. Most commonly it referred to anal sex between men. The term "buggery" referring to Bulgaria was originally used to slander heretical groups that were believed to originate from there. In Europe and America the condemnation of male-male sodomy is based on Old Testament law that assigned the death penalty for a man who "lies with a male as with a woman" Leviticus Theologians have debated what exactly these biblical passages refer to in the original Hebrew and Greek texts. Through the Middle Ages, ecclesiastical courts were charged with trying cases of "sodomy" most commonly pursued when heretical or anti-church activity was also suspected. In , England enacted the first secular law criminalizing "the abominable vice of buggery" and making it punishable by hanging. The English colonies in America adopted English law against sodomy or, as in case of Plymouth, Massachusetts Bay, Connecticut, New Hampshire and Rhode Island colonies, simply cited Leviticus as the basis for establishing sodomy as a capital offense. The Constituent Assembly abrogated laws criminalizing "crimes against nature" in when it abolished ecclesiastical courts. This followed from the broader spirit of Enlightenment legal reform that protected the private sphere from state intrusion. The public and minors were still deemed to require state protection; therefore, the Law of July and the Napoleonic Penal Code of criminalized "debauchery or corruption" of minors of either sex and "offenses against public decency" including sex in public places such as parks or bathrooms. Men arrested under suspicion of public sex were subjected to medical examinations to help determine if anal sex had taken place. Therefore, medico-legal experts were the first to become interested in the scientific study of sexuality in the 19th century. Tardieu argued that penile and anal physical stigmata invariably betrayed inveterate sodomites. Furthermore, he suggested there were psychological and behavioral traits such as effeminacy and cross-dressing , that betrayed a subset of exclusive sodomites who he believed suffered from a form of insanity. Medicalizing Sexual Inversion The medical literature on homosexuality that grew rapidly in the late 19th century was largely written by medico-legal experts concerned with determining whether certain people accused of criminal sexual behavior should be considered innocent because of a constitutional defect or mental illness. Although such pathologization may seem stigmatizing, at the time it could also serve liberatory aims since it wrested the issue of sodomy from the police and courts. German lawyer Karl Heinrich Ulrichs was perhaps the first activist for homosexual civil rights. In a series of pamphlets published from to , he argued that same-sex love was a congenital, hereditary condition, not a matter of immorality; therefore, it should not be criminally persecuted. He called himself and those like him "Urnings " who had a female soul in a male body. He hypothesized that there were competing male and female "germs" that determined male and female anatomy and psyche. Ulrichs proposed that Urnings were a form of psychosexual hermaphrodites. Karl Maria Kertbeny Hungarian writer and journalist Karl Maria Kertbeny coined the term "homosexual" in in his campaign against the German sodomy laws. Like Ulrich, he argued that homosexual attraction was innate, but did not believe all homosexuals were psychologically effeminate. He called the condition "contrary sexual sensation" and claimed it was congenital. As such, he argued, it should come under psychiatric care rather than legal prosecution. The celebrated French neurologist Jean Martin Charcot rendered it into French in as "inversion of the genital sense" in an article describing a variety of "sexual perversions" including inversion and fetishism. Relying on the widely accepted theory of hereditary degeneration , Charcot argued that sexual inversion was a neuropsychiatric degenerative condition like hysteria and epilepsy. As such, he believed it was a serious mental illness likely to be associated with other disorders. A Medico-Forensic Study was first published as a small booklet and then vastly expanded over the years into an encyclopedia of sexuality. Krafft-Ebing introduced many terms into the medical nosology such

as "sadism" and "masochism. Krafft-Ebing initially presented homosexuality as a severe manifestation of hereditary degeneration, but late in his life, after having met many homosexuals, he argued that they could be perfectly respectable and functional individuals. He was a political liberal who argued against sodomy laws and testified in the defense of homosexuals. Edith Lees The term "sexual inversion" was popularized in English with the publication of a book of the same title written by sexologist Havelock Ellis and his homosexual collaborator John Addington Symonds Although Ellis was not homosexual, his wife, Edith Lees , was a lesbian and he counted many homosexual friends in his circle of radical intellectuals in London. Ellis believed homosexuality was a congenital variation of sexuality and not a disease. Even before sex hormones were discovered, homosexuals were hypothesized to be neuro-endocrinological hermaphrodites. This was the preferred hypothesis of German sexologist Magnus Hirschfeld Hirschfeld was perhaps the first physician who was public about his own homosexuality and was a tireless advocate for homosexual rights. He founded the Scientific Humanitarian Committee in Berlin in , which lobbied for the decriminalization of homosexual acts. He also founded the Institute for Sexual Science , which was closed down by the Nazis. Hirschfeld argued homosexuality was an intermediate sex and a natural, biological variant in the spectrum between perfect maleness and femaleness. Hirschfeld was also a pioneer in writing about transsexualism and transvestism. Although Hirschfeld did not advocate attempts to cure homosexuality, he was impressed with the research of endocrinologist Eugen Steinach on altering the sexual characteristics of rats through castration or testes implants. Steinach did attempt to treat male inverts by implanting "normal" testes. Homosexual brains and nervous systems were assumed to have some cross-gendered characteristics. Even at the end of the 20th century, neuroanatomical research on sexual orientation relies on the inversion hypothesis: After studying what was then known about hysteria with Jean-Martin Charcot in Paris, he returned to his native Vienna where he established a private practice for the treatment of hysterical patients. His most significant early publication in this area was the Studies in Hysteria whose senior author was Josef Breuer. Freud extrapolated general principles of human psychology from his work with hysterics, leading to the publication of two important, early works. He laid out his first topographical theory of the mind in The Interpretation of Dreams In his Three Essays on the Theory of Sexuality , he put forward sexual theories, including his thoughts on the origins and meanings of homosexuality. This induces an intense castration anxiety that causes the boy to turn from his castrated mother to a "woman with a penis," i. In the Three Essays, Freud developed the theory that the future homosexual child is so over-attached to his mother that he identifies with her and narcissistically seeks love objects like himself so he can love them like his mother loved him. Finally, homosexuality could result from reaction formation: Like Ellis, Freud believed that homosexuality "inversion" as he called it could be the natural outcome of normal development in some people. He noted that homosexuality could occur in individuals who had no other signs of deviation and no impairment in their functioning. However, he did not view homosexuality as a sign of illness, by which he meant a symptom arising from psychic conflict. Instead, he saw homosexuality as the unconflicted expression of an innate instinct. Freud believed in a constitutional bisexuality: Although bisexual tendencies were universal, Freud believed some people were constitutionally endowed with more of one tendency than the other. That is to say an anatomic male should ideally express the masculine component instinct and obtain sexual satisfaction from women. However, Freud also believed that even adult heterosexuals retain the homosexual component, albeit in sublimated form. Freud saw adult homosexuality as a developmental arrest of childhood instincts which prevent the development of a more mature heterosexuality. Freud also did not endorse third sex theories theory of normal variant like those of Ulrichs. It allowed for the possibility that the adult homosexual person might sufficiently mature and, if sufficiently motivated, become heterosexual. Late in his life, Freud expressed pessimism about the possibility of effecting a sexual conversion in most people. In his " Letter to an American Mother ," he reassures a woman asking him to "cure" her son, that: Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them Plato, Michelangelo, Leonardo da Vinci, etc. By asking me if I can help, you mean, I suppose, if I can abolish homosexuality and make normal heterosexuality take its place. The answer is, in a general way, we cannot promise to achieve it. In a certain number of cases we succeed in developing the blighted germs of heterosexual tendencies which are present in

every homosexual, in the majority of cases it is no more possible. Since the original theory upon which Freud had based his belief in bisexuality had been disproven, Rado claimed heterosexuality as the only nonpathological outcome of human sexual development. Rado viewed homosexuality as a phobic avoidance of the other sex caused by parental prohibitions against childhood sexuality. In , Bieber and his colleagues published *Homosexuality: Their work was particularly influential in its portrayal of a pathogenic family type--a detached and rejecting father and a close-binding and domineering mother--that presumably led to homosexuality in the adult homosexual men they studied. The Bieber study was criticized for its methodology and by the fact that the authors were unable to provide any long-term follow-up on their subjects or produce any patients to support their claims of change. Its Development in Men and Women. Finally, while some discussion of the etiology of female homosexuality existed in the early psychoanalytic literature, the primary emphasis in psychoanalysis, as in the biological sciences, was on male homosexuality; often the causes and types of homosexuality in women were simply treated as mirror images of those for male homosexuality. Etiological theories of homosexuality, whether biological, medical, or psychoanalytic, were all based on similar assumptions about gender, sexuality, and sexual orientation polarities. Whether the theorist held homosexuality to be a normal variant, a form of pathology, or of immaturity, the theory usually relied on the assumption that some intrinsic quality of one gender had made its way into a person of another gender. The beliefs upon which all these theories rested was that the wide range of human sexuality could be understood when reduced to the two component parts of male and female. Early studies of homosexuality within the medical and the psychoanalytic fields led to similar outcomes: The removal of responsibility for defining homosexuality from the realms of morality and religion and securing it within science and medicine. However, these developments would eventually set the stage for the normalization of homosexuality that began to occur in the mid-twentieth century. This decision occurred in the context of momentous cultural changes brought on by the social protest movements of the s to the s: The world is not to be divided into sheep and goats. It is a fundamental of taxonomy that nature rarely deals with discrete categories The living world is a continuum in each and every one of its aspects. Their work supported the notion that homosexuality was both natural and widespread. The Stonewall Inn bar , Manhattan. The study found that experienced psychologists, unaware of whose test results they were interpreting, could not distinguish between the two groups. This study was a serious challenge to the view that homosexuality was always associated with psychopathology. There it was designated as a "sociopathic personality disturbance. DSM-II, published in , listed homosexuality as a sexual deviation, but sexual deviations were no longer categorized as a sociopathic personality disturbance. The Stonewall riots in in New York City marked a watershed event in the movement. Having successfully challenged the police and government attempts to shut down public places where gay people gathered, gay activists would soon challenge psychiatric authority as well. Before the Stonewall riots, homophile groups had accepted the medical view of homosexuality as a mental disorder.*

## 5: THE PSYCHOANALYTIC THEORY OF MALE HOMOSEXUALITY by Kenneth Lewes | Kirkus Reviews

*Psychoanalytic Theory of Male Homosexuality (Meridian) [Kenneth Lewes] on www.enganchecubano.com \*FREE\* shipping on qualifying offers. Chronicles the changing psychoanalytic position on male homosexuality, tracing the evolution of psychoanalysis from a human discipline to a calcified orthodoxy and the emerging disinterest of psychoanalysts in homosexuality.*

Investigations of sexual behavior were also central to psychiatry, a medical specialty that diagnoses disorders of the mind and behavior; psychoanalysis, the school of clinical practice and theory established by Sigmund Freud; and psychology, the science of mental life and behavior. Until the 1950s, most of the theories and practices developed by psychiatrists, psychoanalysts, psychologists, and other sexologists described homosexual and trans-gender behavior as pathological. There were some researchers in these fields, however, who took different positions. LGBT people occasionally produced, sometimes accepted, often ignored, periodically welcomed, and frequently confronted the conclusions of these experts. Scholars disagree on whether scientific and medical research on sexuality and gender can ever be liberating. Jennifer Terry, for instance, describes the scientific study of homosexuality as either oppressive or normalizing. Even at its more progressive, she warns, it is dangerous to subject sexual behavior to the scientific gaze. In contrast, Henry Minton asserts that gay men and lesbians successfully used emancipatory strands in American sexology to win acceptance. Joanne Meyerowitz points out that in contrast to gay men and lesbians, transsexuals initiated and funded much of the research on transsexuality and believed themselves dependent on science to meet their needs.

**Inversion in the Late Nineteenth Century**

In the late nineteenth century, American psychiatrists began publishing accounts of same-sex desire in medical journals. They drew upon European sexological literature, including that of Richard von Krafft-Ebing, a German psychiatrist, and Havelock Ellis, a British physician, as well as their own observations. Until the 1950s, his writings on sexuality were more widely read in the United States than were those of Freud. Until the 1950s, when the terms heterosexuality and homosexuality first appeared in the United States, sexologists labeled same-sex desire as "inversion" or "contrary sexual feeling. Doctors assumed this inversion also took a physical form; inverts were effeminate men who desired masculine men or masculine women who desired feminine women. In this way, sexual desire remained heterosexual even if the bodies were not. The experts disagreed about whether inversion was caused by congenital factors or acquired through environmental influences. They also disputed whether inversion was pathological or a harmless variation. American psychiatrists published a number of case studies of homosexuality in the late nineteenth century. They presented a harsher view of homosexuality than European sexologists. Their studies initially drew on observations of working-class Americans. Articles on female sexual inverts described women who had passed as men and were now institutionalized in mental asylums or prisons. Increasingly visible gay urban subcultures drew their attention, and they described drag balls and other places where male sexual inverts congregated. Experts feared that sexual perversion was spreading and blamed several factors, including the dangerous influences of immigration and class and race mixing. Many of them believed that sexual perversion was a sign of degeneration and advocated treatment, criminal penalties, or even sterilization. The New Woman

Other social changes led psychiatrists and other sexologists to pathologize romantic friendships between women. By the late nineteenth century, many white middle-class American women were attending college and were working and living independent of men. These women, many of whom became involved in the movement for female suffrage, were known as New Women. In 1892, Ellis published an article in an American medical journal, "Sexual Inversion in Women," which warned that feminism was causing increasing numbers of women to become lesbians. While Ellis believed that homosexuality in its congenital form was a benign variation deserving acceptance, he viewed "acquired" homosexuality, particularly in women, as a danger. Ellis held a much harsher view of lesbianism than he did of male homosexuality. He described congenital lesbians as masculine women who seduced heterosexual women and asserted that lesbianism was spreading rapidly. This article came on the heels of a growing American focus on lesbianism. In 1892, medical articles and national news stories analyzed the case of Alice Mitchell, a wealthy young woman from Memphis who had murdered



her female lover. American psychiatrists increasingly warned of the dangers of same-sex sexuality and, together with European sexologists, developed new medical labels: As Michel Foucault and other scholars have noted, these terms described a type of person, in contrast to earlier notions of "sodomy" as a behavior, not an identity. Historians disagree over whether this psychiatric and sexological literature created the homosexual or codified an existing identity. Lillian Faderman believes that this literature created a lesbian identity and subculture, but at the great cost of pathologizing hitherto respected female romantic friendships. George Chauncey argues that sexologists described, but certainly did not invent, male homosexuals, who already had identities and subcultures. Lisa Duggan sees a circular process at work, whereby women in same-sex relationships became subjects of sensational media stories, which in turn became medical case studies, which in turn influenced the ways women conceptualized their identities. Siobhan Somerville argues that the new sexual taxonomies developed in the context of the classification impulses and discourses of scientific racism. Freud first presented his views on sexual inversion in *Three Essays on the Theory of Sexuality*. This work was translated into English by American psychoanalyst Abraham A. Freudian concepts of psychosexual development gained more of a foothold in America in the s. They used psychoanalytic theory in combination with somatic theory, behaviorism, and other schools of thought. He distinguished between sexual aim the preferred erotic activity and sexual object the type of partner desired. While he believed that inversion involved a deflection of sexual aim away from the ideal goal of reproductive heterosexual coitus, he did not view inverts as psychologically abnormal and did not believe that homosexuality was a mental illness. All human beings, he asserted, were constitutionally bisexual and were thus capable of sexual involvement with either sex. As a result, exclusive heterosexuality required as much of an explanation as did exclusive homosexuality. By claiming that reproductive heterosexuality was the result of a difficult developmental process that could have other outcomes, including inversion, Freud destabilized the idea of normative sexuality. While he felt that inversion was caused by arrested sexual development, he did not believe, as later psychoanalysts did, that this stunted other aspects of the personality. Inversion, he posited, was caused by both acquired and congenital factors that were outside the control of the individual. For that reason, he believed that psychoanalysts should not attempt to convert homosexuals into heterosexuals. Against the wishes of most of his colleagues, he also argued that homosexuals should not be barred from psychoanalytic training. American psychiatrists promoted a much more normative sexuality and therefore seized upon the more conservative elements of Freudian thought. As Elizabeth Lunbeck explains, they built their discipline by studying matters of everyday life, such as marriage and sex. They needed to domesticate Freudian theory in order to make it useful. Not only were American psychoanalysts more concerned than Freud was with determining normality and abnormality, but they were also more optimistic about treatment, since they gave more emphasis to the influence of environmental factors, especially parenting. Freud published his first full essay on lesbianism, "The Psychogenesis of a Case of Homosexuality in a Woman," in *Reflections on the Psychology of the Female*. Reflecting his misogynist views, he described lesbians as masculine inverts and psychiatrically damaged. His relatively tolerant views of homosexuals primarily applied to men. Before the mids, psychiatrists generally viewed lesbians as masculine seductresses of heterosexual women rather than defining them by their choice of same-sex sexual partners. It was, as Lunbeck points out, the lesbian, not the gay man, whom psychiatrists defined as a "psychopath" in this period. George Chauncey claims that by the s most medical and scientific experts differentiated gender inversion from homosexuality, recognizing that some "inverts" were heterosexual and that some homosexuals were gender normative. Other historians have questioned whether such a distinct shift occurred. Donna Penn asserts that lesbianism remained closely associated with masculinity by many experts and lesbians well into the s. Moreover some scholars of transgenderism argue that historians have falsely assumed that all "inverts" in the sexological literature were homosexual. Many of them, they point out, may have been transgendered. Sexologists Study Lesbianism While sexologists and psychiatrists had pathologized female romantic friendships and developed a stereotype of the lesbian as an aggressive masculine woman, alternative and more benign descriptions of lesbianism were published in the s and s. For Davis, lesbianism was a common and acceptable form of sexual expression and did not mark a woman as abnormal. Davis pointed out that her subjects were "normal individuals," unlike the institutionalized and clinical subjects upon which previous

studies of sexuality had relied. Exemplifying the interdisciplinary nature of American sex research, Davis included female psychologists and psychiatrists on her research committee. Another major study of American women was conducted by gynecologist Robert Latou Dickinson, who used sex surveys he collected between and Coauthored by Lura Beam, who had a background in applied psychology and a life-long relationship with another woman, *The Single Woman: A Medical Study in Sex Education* included a chapter on homosexuality. Although he detected lesbianism in only a few dozen cases among his two thousand female patients, Dickinson said that he had found no distinguishing features in these women and dismissed several stereotypes about lesbians. Dickinson claimed that women who had sex with other women were no more masculine than his other patients and that all who had been asked had told him that neither partner took the "male part" during sex. Almost all had married later, which only proved, Dickinson and Beam said, the theory of innate bisexuality. Most studies of homosexuality, they pointed out, had been done on men and on "psychopathic" cases of imprisoned or hospitalized individuals. An "effort to establish a type," they said, "is premature" p. Dickinson claimed that women became lesbians because of dissatisfaction with heterosexual intercourse. He urged that lesbian sexual techniques, which provided a higher level of sexual satisfaction, be studied to improve marital sexuality. Kinsey later also asserted that men had much to learn from lesbian sexual practices. Unlike Kinsey, however, Dickinson felt that marital sex was preferred, and his research on, and acceptance of, homosexuality was in the service of improving heterosexual relations in marriage. Studying Sexuality and Gender in the s In , Dickinson launched a massive study of homosexual behavior, to be conducted by the Committee for the Study of Sex Variants. Dickinson established this project in order to build upon the three hundred case histories of lesbians that Jan Gay, a lesbian, had collected. Dickinson felt that this research needed to be legitimated by a committee of experts. They chose Henry to run the study of two hundred lesbians and gay men. He, like most other American psychiatrists engaged in sex research, used an eclectic methodology that included psychiatric interviews, psychological testing, and physical examinations. Henry concluded that homosexuality was a form of sexual inversion caused by a combination of congenital and environmental factors. The most important etiological factor was having parents who did not follow proper gender roles. Henry, like Freud, believed that homosexual desires were universal; unlike Freud, he believed that homosexuality was a form of social maladjustment and urged that it be prevented by monitoring warning signs in effeminate boys and masculine girls. Terman and Catherine Cox Miles. In their study of sex differences, *Sex and Personality* , Terman and Miles explained that since homosexuals almost always displayed inverted gender characteristics, a male homosexual would earn a score on the test much closer to the average female score. Lowell Kelly tested seventy-seven "passive male homosexuals," who took the "role of the female" in homosexual sex, and found that they had strikingly "feminine" scores Terman and Miles, p. All of the "passive male homosexuals" he interviewed, almost half of whom were prostitutes, would be considered transgendered today. They called themselves by female names, many passed as women, several worked as drag queens, and at least one had legally married his male partner. He also gave the test to forty-six male prisoners in Alcatraz who were serving sentences for sodomy. Kelly presumed that they were "active male homosexuals" and found that they had more "masculine" scores than did average men. The authors concluded that only passive males and active females were true homosexuals.

### 6: The Psychoanalytic Theory of Male Homosexuality by Kenneth Lewes

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

### 7: Irving Bieber et al.: Homosexuality: a Psychoanalytic Study

*The author of "The Psychoanalytic Theory of Male Homosexuality," Kenneth Lewes, a psychoanalytically trained psychologist, set himself the challenging test of reviewing almost every psychoanalytic article and book written about*

*male homosexuality.*

8: Psychology, Psychiatry, Psychoanalysis, and Sexology | [www.enganchecubano.com](http://www.enganchecubano.com)

*The preoccupation with producing such a theory avoids more important questions about psychoanalytic theory building raised by an examination of the long relationship between psychoanalysis and homosexuality.*

9: Homosexuality: A Psychoanalytic Study of Male Homosexuals - Wikipedia

*He is the author of "Male Homosexuality: A Contemporary Psychoanalytic Perspective," not a co-author. The article also misstated the book's publication date. It was ; a paperback edition was.*

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