

# Paranoia and Sexual Orientation

A Hermeneutic Literature Review

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## Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor material which, to a substantial extent, has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

A handwritten signature in black ink, appearing to read 'Paul Wilson', written in a cursive style.

Paul Wilson

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## Abstract

The relationship between paranoia and sexual orientation has a long and controversial history in psychoanalytic thinking. It has shifted from a position of early linkage and pathologisation, a subsequent rejection of that link citing societal homophobia, followed by more recent attempts at possible conceptual synthesis. Through the process of a hermeneutic literature review, I explore the different ways this linkage has been thought about over time. I then present my understandings and new insights into how best to work with paranoid LGBTQ+ clients and explore the ethical challenges involved in theorising about and working with marginalised and vulnerable client groups.

## Chapter 1 – Introduction

This dissertation is a hermeneutic enquiry that was chosen to explore the research question “what does the psychodynamic literature say about the relationship between paranoia and sexual orientation?”

In this chapter, I begin by considering the context in which this question is being asked and discussing the motivation for this research; offering a definition of each element of the question; and then providing an outline of the structure of this dissertation.

### About the Question

My interest in this question began as a result of my experiences in clinical placement. I worked for over two years at the Burnett Centre which is part of the NZ AIDS foundation. The Burnett Centre offers free HIV testing, counselling and therapy for those infected or affected by HIV/AIDS. The majority of the clients I saw there were men who have sex with men (MSM). I had the privilege of sitting with many men from a diverse range of ethnicities and backgrounds and hearing their stories.

Whilst many of these men self-identified as gay or bisexual, many did not. Similarly, whilst many were relatively comfortable with their sexuality, some clearly experienced significant conflict and distress around it. Of those in distress, a subset expressed heightened fears about whether I could be trusted along with a certainty that various others had intentions to harm them. As I listened to these men’s histories, I observed a correlation: these men with more paranoid features to their functioning had all grown up in families in which their parents (and any siblings) consistently expressed highly negative views about anyone who was not strictly heterosexual. These negative opinions were often directly aimed at the men themselves if they had chosen to ‘come out’ to their family. Quite understandably, some had chosen not to do this.

I became increasingly curious about this possible pattern. Was it just coincidence or was there a relationship between my client’s paranoia and their sexual orientation? Had other clinicians observed the same thing? If so, what might that imply about how best to work with them in alleviating their obvious suffering? I decided to see if a relationship between paranoia and sexual orientation had been written about in the literature.

In consulting the literature, I was surprised to find that this was a highly controversial and contested linkage that had been written about for over 100 years. Freud (1911) himself had directly linked paranoia and 'homosexuality' and this had been an unquestioned position in psychoanalysis for over 40 years. Yet more modern psychoanalytic thinking about paranoia (Akhtar, 1990) essentially rejected this link. Other theorists expressed the view that this linkage was part of the broader pathologisation of 'homosexuality' (Lewes, 1988) which had dominated much psychoanalytic and psychiatric thinking and was only reversed after considerable protest. Indeed, a number of gay and lesbian activists and allied clinicians (Steiner, 1971; Szasz, 1961) went even further and claimed that *any* application of diagnostic labels to LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, Questioning) clients was an unethical continuation of societal homophobia.

I found this profusion of literature and seemingly irreconcilable views both confusing and unsettling. Rather than offering any clarity or providing answers, I was left with even *more* questions. What had led Freud to make his original link? Why had that been abandoned? Also, clearly the psychoanalytic community and the LGBTQ+ community have a troubling history with each other. What has happened here? And more importantly, was I being unconsciously homophobic in even viewing my clients as paranoid?

I believe that seeking answers to these questions is important, not just for my own understanding, but also for the wider psychodynamic community to consider. Lewes (2008) speaks to this:

*Although there is a great deal to celebrate in the dissolution of old prejudices, which represent a dark stain on psychoanalytic history, we still have not understood how such a lapse could have occurred and that until we do, there is a real chance of its recurrence. (Lewes, 2008, pp. 299-300)*

He continues:

*Some younger analysts and trainees labor under the impression that claims of past analytic homophobia have been exaggerated, that homosexual patients have always been treated with courtesy and respect, and that applicants to institutes were never denied admission because of sexual orientation. (Lewes, 2008, p. 301)*



If embarrassing lapses in psychoanalytic theory and practice are not interrogated and the resulting lessons shared with new generations of clinicians, the same social factors that originally produced them will likely result in the same flawed theories being proposed and similar injustices enacted again. "Those who cannot remember the past are condemned to repeat it." (Santayana, 1905).

Through this hermeneutic literature review, I hope to gain a better understanding of how best to work with paranoid LGBTQ+ clients. I also want to explore what this history might tell us about the ethical challenges involved in theorising about stigmatised and vulnerable client groups.

### About the Researcher

Part of the context of any hermeneutic enquiry is the researcher themselves and their personal cultural and historical "tradition" (Gadamer, 1982, p. 293) which they inevitably bring to the process.

I am a Pakeha male approaching midlife. I am a husband, father, and brother. My first field of study and subsequent career was grounded in the 'rational' world of physics, mathematics, and computer science. I believe this partly functioned as an intellectual refuge away from the turbulent and overwhelming emotions of my childhood. At the age of 42, I chose to retrain as a psychotherapist to expand my understanding beyond that horizon and embrace the subjective emotional world of psychodynamic psychotherapy. At the beginning of my 7 year training journey, I also began to re-explore my sexuality and I now self-identify as a bisexual man.

I identify with the more distressed clients I worked with at the Burnett Centre because I too come from a family impacted by intergenerational trauma and its sequelae. I have witnessed psychosis and paranoia first hand.

As such, this research occurs in the context of my journey to make sense of my sexual identity and my identity as a psychodynamic clinician and how those two might relate.

## Defining Paranoia

The term paranoia has a long and fascinating history. It originates amongst the ancient Greeks, derived from *para-* (outside, deranged) and *-noia* (mind, thinking) having the literal meaning of being 'out of your mind' or 'madness' and was used thus in the writings of Hippocrates (450-355 BC), the Greek philosopher and physician, in his treatises about illness (Lewis, 1970).

It was re-purposed within the psychiatric lexicon in the late 19<sup>th</sup> century and was popularised by Kraepelin (1899) in his concept of *dementia paranoides*. He used this to denote those who exhibited persistent persecutory delusions but not the psychosis, visual hallucinations and mental deterioration characteristic of *dementia praecox* (now called schizophrenia). That distinction still exists in the Diagnostic and Statistical Manual (DSM) today where paranoid ideation without prominent hallucinations or impairment to cognitive or affective functioning can be viewed as a subtype of delusional disorder (APA, 2013, p. 90) within the schizophrenia spectrum, or as an aspect of the related paranoid personality disorder (APA, 2013, p. 649).

But what is a delusion? Bentall, Corcoran, Howard, Blackwood and Kinderman (2001) describe the long history behind the definition commonly used by psychiatrists and clinical psychologists today:

*A false personal belief based on incorrect inference about external reality that is firmly sustained in spite of what almost everyone else believes and in spite of what usually constitutes incontrovertible and obvious proof or evidence to the contrary.*  
(Bentall et al., 2001, p. 1146)

They also note the caveat that to be considered delusional, a belief needs to be idiosyncratic i.e. unique to the individual and not normally accepted within their culture or subculture. I consider this distinction to be somewhat problematic and it is something I will return to in later chapters.

In parallel to the psychiatric community, from 1908 onwards, Freud and Ferenczi together took a deep interest in the concept (Schröter, 1996) which resulted in Freud's seminal papers about paranoia (Freud, 1911; Freud, 1922) which I shall explore in greater depth in a later chapter. What the psychoanalytic perspective on paranoia uniquely includes is the centrality of the defensive phenomenon of *projection* as noted

in the Psychodynamic Diagnostic Manual (PDM): "Paranoid psychology is characterised by unbearable affects, impulses and ideas that are disavowed and attributed to others, and are then viewed with fear and/or outrage." (PDM, 2006, p. 34)

They continue:

*Projected feelings may include hostility, as in the common paranoid conviction that one is being persecuted by hostile others; dependency, as in the sense of being rendered humiliatingly dependent by others; and attraction, as in the belief that others have sexual designs on the self or to the people whom one is attached. (PDM, 2006, p. 34)*

Also of interest is the psychoanalytic recognition that *all* character structures exist on a continuum from the 'healthy' (or neurotic) to the psychotic level of functioning (McWilliams, 2014, p. 43). This stands in contrast to the general public view that paranoia is a severe disturbance, especially given the linkages to psychosis and schizophrenia commonplace in the news media. Bentall et al. (2001, p. 1146-1147) note that psychiatric thinking has also recently begun to recognise the ubiquity of subclinical delusions in the general public, referencing the Poulton et al. (2001) paper which found that within the Dunedin Study cohort 12.6% of the individuals were judged to experience paranoid delusions.

McWilliams (2014) notes that whilst 'normal' paranoid individuals are rarely seen clinically, they can often be found involved in the political sphere or working tirelessly in victim support and social activism, a pair of insights that I will return to in later chapters.

## Defining Sexual Orientation

Compared to paranoia, the concept of sexual orientation is a relatively recent one. Whilst same-sex behaviour has always existed, the idea of a sexual identity is only 120 or so years old originating in the late 19<sup>th</sup> century. In general terms, sexual orientation is "an enduring pattern of emotional, romantic and/or sexual attraction, either to men, to women, or to both sexes" (APA, 2013). The modern scientific consensus is that the exact causes of sexual orientation are unknown, but the available evidence to date suggests a complex interplay of genetic, hormonal, and environmental influences (Frankowski, 2004). Notably, it falls outside the conscious control of the individual.

Karl Heinrich Ulrichs (1825-1895), a German pioneer of sexual reform, is considered the first to suggest orientations with his concepts of *Dioning*, *Urning*, and *Urano-dioning* (Ulrichs, 1898) which delineated men who were attracted to women, men who were attracted to men, and men who were attracted to both, respectively. Whilst Ulrichs originally wrote solely about men, he later broadened his concepts to include corresponding female orientations.

The terms heterosexual and homosexual commonly used today to describe orientations were popularised by German psychiatrist Richard von Krafft-Ebing [1840-1902]. In his exhaustive medico-legal treatises categorising all the known sexual pathologies of the time (Krafft-Ebing, 1886), he included the illness of 'homosexuality'. In light of this, the term homosexual is widely considered pejorative and offensive by many in the LGBT community today (GLAAD, 2008).

Also of note is Krafft-Ebing's neglect of the concept of being attracted to both sexes despite its presence in Ulrich's earlier writing. This collapse to a binary dichotomy of sexualities is an early instance of the recurring phenomenon of *bisexual erasure* which is the tendency to ignore, remove, re-explain or deny evidence of bisexuality in history, academia, and society in general (Yoshino, 2000). This erasure persisted in academia until Kinsey, Gebhard, Pomeroy, and Martin (1948) introduced their continuum model of sexual orientation (the Kinsey Scale) in their landmark book on male sexual behaviour:

Table 1.

*The Kinsey Scale* (Kinsey *et al.*, 1948)

Rating	Description
0	Exclusively heterosexual
1	Predominantly heterosexual, only incidentally homosexual
2	Predominantly heterosexual, but more than incidentally homosexual
3	Equally heterosexual and homosexual
4	Predominantly homosexual, but more than incidentally heterosexual
5	Predominantly homosexual, only incidentally heterosexual
6	Exclusively homosexual
X	Asexual

Interestingly, Kinsey *et al.*'s research indicated that there are as many (if not slightly more) individuals who experience some level of attraction to *both* sexes (i.e. 1-5 on the scale) than are exclusively gay (i.e. 6 on the scale). Discovering Kinsey's model was central to my coming to a fuller understanding of my own sexuality as I place myself on Kinsey's scale at about 2.

An important issue to note about the above concept of sexual orientation is that it subsumes three separate dimensions, namely the experience of desire, behaviour engaged in consequent to that desire, and how one chooses to identify themselves to others (Igartua, Thombs, Burgos, & Montoro, 2009). These three facets can operate independently such as desire and behaviour without identity as in the case of MSM or closeted individuals, and as identity distinct from behaviour for reasons of personal or political expression. Similarly, romantic or emotional attraction and sexual attraction can often be experienced independently (Diamond, 2003).

Within the LGBTQ+ community, there are those who critique any attempts to 'pin down' their orientation and prefer pansexual or queer as umbrella terms for an intentionally vague sexual orientation. This can be because they feel none of the other terms matches their internal experience as well as for political reasons: to specifically and publicly reject society's dominant discourse regarding sexuality (Rust, 2000).

## Chapter Summary

In this chapter, I have outlined the background and context of this research, as well as introducing myself and the personal horizon I bring as a researcher. I have shared with the reader my understanding of the definition of the terms 'paranoia' and 'sexual orientation' since these are central to my question and they (and certain closely related concepts) are used frequently throughout the dissertation.

## Overview of Following Chapters

In the following chapter, chapter 2, I will describe the qualitative methodology and method used in this research and why I considered it well-suited to the research question at hand. I will also outline my process in performing the research including an exploration of some of the challenges I experienced.

Chapters 3 through 5 constitute the discussion of the findings of the literature review. Each chapter focuses on a particular historical epoch in the shifting psychodynamic thinking about paranoia and sexual orientation alongside my contextualisation of that thinking within a broader socio-historical perspective.

Chapter 6 provides a discussion of the preceding findings, explores the strengths and limitations of the study, and the implications for the field of psychotherapy, particularly for the therapist working with paranoid LGBTQ+ clients.

## Chapter 2 – Methodology and Method

I have chosen an interpretivist methodology and the research method of a hermeneutic literature review for this dissertation. In this chapter I will share my reasons for why I believe this pairing is well-suited to exploring my particular research question; I will disclose what I actually did in following the method and some of the challenges, both academic and personal, which I encountered in the process.

### Interpretivism and Hermeneutics

Interpretivism holds that reality as we know it is constructed intersubjectively through the meanings and understandings developed socially and experientially. It holds that the investigator and the object of investigation are linked such that who we are and our personal history are a central part of how we understand ourselves, others and the world (Grant & Giddings, 2002). This stands in contrast to the positivist paradigm which holds that reality is objective and privileges the search for stable facts and considers that the researcher should ideally be independent from that which is observed and described.

The Interpretivist paradigm arose partly in response to the positivist paradigm and holds that “researchers could not be value-free as previously claimed, but were affected by their social, political and cultural contexts.” (Grant & Giddings, 2002, p.13). In reference to my particular question, Grant and Giddings also note that “another assumption underpinning the positivist drives for best practice and excellence is that social reality is relatively stable and based on pre-existing patterns or order” (p. 14). However, Western societal attitudes regarding sexual orientation have changed significantly in the past 50 years, as evidenced in the New Zealand context by the passage of Homosexual Law Reform Act (1986) and the allowance of same-sex marriage via the Marriage (Definition of Marriage) Amendment Act (2013).

Given my background in the positivist traditions of computer science and business, the above statement about positivist epistemology (which is not uncommon in interpretivist writings) strikes me as somewhat inaccurate. As Weber (2004) notes most positivist researchers today would readily agree that we are never truly separate from what we study. Furthermore, positivists are well aware that the models they build are not absolute ‘truth’ and are always up for continuous revision and refinement as

part of an ongoing social process. As such, interpretivist and positivist researchers have much in common: we both deeply care about the production of useful knowledge and offer our theories and models alongside our evidence and reasoning for the positions we hold, endeavouring to convince our colleagues of their defensibility (ibid, p. ix). Both traditions would likely acknowledge that the production of useful knowledge is hard due to the cognitive phenomenon of *confirmation bias* (aka *myside bias*). Confirmation bias is the tendency to search for, interpret, favour, and recall information in a way that confirms one's pre-existing beliefs (Plous, 1993). It is one of the most researched and well-established cognitive biases in psychology (Nickerson, 1998) and bedevils every researcher, no matter how diligent (Mercier & Sperber, 2011).

Where the two research traditions truly differ is in their use of distinct research methods which attempt to mitigate the impact of confirmation bias in different ways. Positivist research methods generally do not foreground the researcher's potential biases and these are not disclosed and explored in the published work. Rather, those factors are considered and critiqued outside the written work in the often contentious social process of peer review. Dilthey (2010) argues that when addressing issues in the social sciences (*Geisteswissenschaft*) as opposed to the physical sciences (*Naturwissenschaft*), the researcher is far more closely entwined with what they are researching and thus the interpretivist disclosing stance is more useful to the reader in evaluating what has been written. Hence, I have chosen the methodology and method of hermeneutic literature review (Smythe & Spence, 2012) for this research.

Hermeneutics is the theory of interpretation, especially the interpretation of texts. Originally a biblical tradition, it was revived in the philosophy of Schleiermacher and Dilthey as applied to all texts, and was later expanded again by Heidegger and his student, Gadamer to apply to all existence and experience. Hermeneutic philosophy holds that we are always interpreting, taking what we read or experience and actively co-creating meaning from it. The process of hermeneutic enquiry involves the hermeneutic circle, the recurring movement between the implicit and the explicit, the particular and the whole (Grondin, 1984).

Hermeneutic philosophy is well suited to both psychotherapy practice and psychotherapy research given the epistemological match with the intersubjective exploration of meaning that relational psychotherapy unfolds within (Orange, 2010;



Orange, 2011). Smythe and Spence highlight Gadamer's notion of our "inability to consciously or unconsciously deny our historicity" (Smythe & Spence, 2012, p. 11) which clearly bears on my historically oriented question. Also relevant to my question is Gadamer's definition of *prejudice* which he considers an unavoidable and non-pejorative feature of how we come to understand. Smythe and Spence summarise this as "how we unthinkingly judge before we have examined all the elements of a situation" (Smythe & Spence, 2012, p.13). They also note how this formulation "assists an understanding of the way in which particular prejudices come about" (Smythe & Spence, 2012, p. 13) and note how Gadamer argues that's hermeneutics offers a way forward through personal interpretive engagement with differing and often contesting textual traditions:

*Tradition is not simply a precondition into which we come; rather we produce it ourselves, inasmuch as we understand, participate in the evolution of tradition, and hence further determine it ourselves. Thus the circle of understanding is not a 'methodological' circle, but describes an element of the ontological structure of understanding. (Gadamer, 1982, p.293)*

Gadamer is highlighting how bodies of knowledge are transmitted down through the generations and points to the ethical requirement to self-reflexively question and re-examine them if theory and practice are to continue to evolve and improve. Gadamer (2001) also highlights the importance of the dialogical construction of meaning through a *conversation* that occurs *between* the different texts with the reader acting as the vessel which that conversation occurs within. Gadamer (1982) stressed that his method involved reading with an ethic of respect for the writer, striving to see what they might be right about and have to teach the reader. Ricoeur (1970) distinguishes this *hermeneutics of trust* against what he calls the *hermeneutics of suspicion* in which one reads with an attitude of critique, striving to find what the writer has missed, assumed or misunderstood due to their biases i.e. what they are wrong about. This tension between a perspective dominated by suspicion compared to one of respect and trust seems highly relevant to the exploration of the experience of paranoia. Being able to join with and make sense of the suspicious worldview of the paranoid allows us to discover what is subjectively real about their fears. Similarly, being able to shift away from that perspective and adopt a more critical stance allows us to discern the nature of the distortions that torment them and gently work towards addressing them.

## Method – Going with the Flow

Using key search terms based around paranoia and sexual orientation, I gathered initial literature from the following library databases: Psychoanalytic Electronic Publishing (PEP), PsycINFO, PsycARTICLES, ProQuest and EBSCO. From that literature, I then followed a recursive process of “snowballing and citation-tracking” (Boell & Cecez-Kecmanovic, 2014, p. 269) to find other literature of interest. The voluminous 100 year span of writing on and around my question represented quite an academic challenge in a dissertation of this size as there was no way to read everything that had been written. By following citations and comparing references, I attempted to discover the trunk of seminal and influential literature that spoke to my particular question, as distinct from subsequent literature that largely repeated earlier work. Given Gadamer’s (1982) notion that all understanding is inherently partial, data saturation in the traditional qualitative sense of systematic literature reviews was not the goal – rather I was seeking a saturation in understanding. Heracleous notes that such hermeneutic saturation is found in “reaching an understanding of overall narratives, central themes, how these themes relate to each other in argumentations” (Heracleous, 2011, p. 53).

As I followed the flow of history along the trunk of psychodynamic literature, I also branched out. I read non-psychodynamic literature regarding the historical socio-political context when these seminal papers were written, especially in relation to ideas around sexuality. In doing so, I hoped to gain an understanding of the personal perspective or *horizon* of the writers. Smythe and Spence note the key purpose of the hermeneutic endeavour is to provoke *thinking* and suggest going beyond academic literature to include “philosophical texts, fiction, poetry and anything else which engages the reader in a thoughtful encounter” (Smythe & Spence, 2012, p. 14). The desired outcome of this process is a reflexively critical understanding of the literature (Grondin, 1994).

I also maintained a journal, recording what I had read, noting particular pieces that stood out. I also included my feelings about the article, what excited or offended me – my experiential response to the text. As I read parts that changed my evolving understanding of the whole, I would follow the hermeneutic circle and re-read previous literature to tease out further insights aiming for a “fusion of horizons” (Gadamer, 1982, p. 319) between myself and the texts.

## Method – Suffering the “Flux”

Proceeding with the method as described above proved to be far harder and less gentle than it likely sounds. Smythe et al. describe hermeneutic enquiry as needing “room to play” (2008, p. 1391) so that Gadamer’s *conversation* between the texts can proceed with reader as crucible. However, given the context of the deeply conflicting positions I was reading, this was no respectful intellectual disagreement, rather I felt like I was caught amidst a furious and heated argument. And that argument wasn’t about some distant topic – it was directly about *me* and my sexual orientation and how ‘bad’, ‘ill’ and ‘sick’ I was.

To contextualise the review literature, I read about the long history of persecution of sexual minorities. I found this profoundly distressing; execution, imprisonment, institutionalisation, castration, lobotomisation and electrocution have all been perpetrated by society in attempts to either erase or ‘cure’ our difference. There was a process akin to grieving as I moved through disbelief and rage onto sadness and finally a sense of deep gratitude to those who fought and suffered before me so that I might live in more tolerant times today.

Yet what proved to be even more difficult was reading the more highly pathologising and invalidating writing about sexual orientation. How was I supposed to read these texts from a respectful place of ‘trying to see what the writer might be right about’ when I experienced the author as having little or no respect for LGBTQ+ individuals or their voices? Particularly infuriating were those authors who claimed to speak with authority about what I *really* felt as they wildly misstated and misrepresented gay experience. Trying to struggle through all that to find ‘what might be right’ felt wrenching, like I had to become alien to a part of myself. I also felt deeply concerned that if I did manage to salvage some piece of insight or meaning from such authors, that this might be seen as a betrayal of the LGBTQ+ community, in some way validating theories and practices that had led to so much harm. Yet, I became increasingly conscious of *my* potential for bias and prejudice – I wanted to ‘do it right’ and understand these authors theories and what had led them to create them. At times, this internal clamour became confusing and overwhelming as the chorus of warring voices

had me oscillating between moments of rage and fear (the hermeneutics of suspicion) then moments of humility and insight (the hermeneutics of trust). And I hadn't even finished reading yet, let alone being able to write.

One of the criticisms of Gadamer is that the relativism of his hermeneutics gives *too much* deference to tradition. Habermas argued in his famous debate that Gadamer's philosophy was insufficiently critical of issues of historical oppression and societal power dynamics (Mendelson, 1979; Ricoeur, 1970). In that tradition, Caputo (1987) offers his Radical Hermeneutics which draws on Derrida's Deconstructionism to speak to the oftentimes irreconcilable tensions between different worldviews that hermeneutics cannot dissolve. It is this painful experience of the 'flux' that tempts us to prematurely grasp for false certainties in our attempt to escape the 'otherness of the other' (Levinas, 1998). I am *other* to those who pathologise me and they are *other* to me. His notion of suffering the flux captures more of my felt experience of this hermeneutic process: "Radical hermeneutics is a lesson in humility; it comes away chastened from its struggle with the flux. It has wrestled with the angels of darkness and has not gotten the better of them." (Caputo, 1987, p. 249)

Caputo argues for just accepting this tension "not at denying it, or 'reconciling' it" and "staying with it, of having the 'courage' for the flux." (1987, p. 12). So, I chose to trust the hermeneutic process "following a felt sense of what needs to happen next" (Smythe et al., 2008, p. 1389) and keep reading and journaling and "letting come" (ibid, p.1391), trusting that when I felt it was time to start writing that I would have something coherent to say.

I also accept that all the choices in this dissertation are idiosyncratic to my subjectivity as a researcher. Others might have chosen different texts, or might have read the same texts and drawn different conclusions. I have endeavoured to fully disclose how I approached and experienced the process given my particular *horizon*. Of course, I hope that as others read this, they might experience the 'phenomenological nod' of agreement. Yet for those who read this and think differently, I welcome a dialogue about those differences so that I might be enriched by coming to understand them. Let us suffer the flux together.

## Chapter Summary

In this chapter, I have outlined the methodology and method used in this dissertation. I have shared my rationale for employing this particular method for my research question. I have detailed my process using it including some of the academic and personal challenges I faced.

In the following three chapters, I shall begin presenting the results of my literature review regarding the posited link between paranoia and sexual orientation. This has been organised into three historical epochs using the dialectical structure of thesis, anti-thesis and synthesis.

## Chapter 3 – Thesis: Paranoid “Homosexuality”

In this chapter, I will be offering the results of my review of the literature from the 1880s up to the 1960s. This time period includes the initial psychoanalytic exposition of the linkage between Paranoia and “Homosexuality” and subsequent elaborations of that linkage.

I will provide an overview of the psychoanalytic literature itself, followed by a contextualisation of that writing that draws upon additional literature that explores the social-political events of the time periods in question. I will also include some personal context as to how I make sense of the literature reviewed.

### Freud: Paranoid Homosexuality

The direct casual linkage between latent homosexuality and paranoia was first written about by Freud in 1911 in his seminal paper *Psychoanalytic notes upon an autobiographical account of a case of paranoia*. The paper offered his theory substantiated via an analysis that drew on the writing of Daniel Schreber [1842-1911]. Schreber was a German jurist who had been psychiatrically institutionalised with a diagnosis of *dementia paranoides* (now called paranoid schizophrenia) from 1893 to 1902. As part of Schreber’s bid to prove to the courts that he should be released, he had written a detailed first-hand account of his experiences and beliefs. His *Memoirs of My Nervous Illness* was published in 1903 and caused quite a sensation in early 20<sup>th</sup> century Germany.

Freud interpreted Schreber’s accounts of psychotic delusions in his memoirs as symbolically meaningful much as one would interpret dreams. This was a radical concept at the time and something which remains a unique psychoanalytic contribution to thinking about psychosis today (Benamer, 2010; Evans, 2008; Lucas, 2008). In particular, Freud noted Schreber’s delusions of torture, sexual abuse and emasculation attributed to his psychiatrist, Dr. Flechsig and his later beliefs that God required that he be turned into a woman. Freud interpreted these as being indicative of unconscious homosexual desire. He posited that Schreber had originally felt these impulses towards his brother and father and as they were completely unacceptable to him, they were thus repressed. Freud believed his symptoms of paranoid psychosis were the ‘return of the repressed’ (i.e. his homosexual urges towards his male relatives) albeit in disguised defensive form.

Freud's broader theory was that a number of delusional illnesses were *all* caused by repressed homosexual urges and this took a particularly linguistic form (Freud, 1911, p. 59-65). His theoretical model took the sentence 'I love him' (representing unacceptable same-sex desire of a man for another man) which was then *transformed* via a process of negation and projection resulting in delusional ideation. These transformations started with reversals or negations of either the object, subject, or verb of the denied sentence respectively with each leading to a particular type of delusions which I have summarised in the table below:

<b>Negation and Projection of "I love him"</b>	<b>Type of Delusions</b>	<b>Diagnostic Subtype</b>
I don't love him -> I hate him -> He hates me	Persecution	Paranoia
I don't love him -> She (spouse) loves him	Betrayal	Pathological Jealousy
I don't love him -> I love her -> She loves me	Love	Erotomania
I don't love him -> I love no-one (but myself)	Grandiosity	Megalomania

Freud considered Schreber to exhibit the first type i.e. persecutory paranoia, however his theory was not based solely on Schreber, someone whom he had not seen or treated personally. Rather, he had been developing his theory since at least 1908 as he himself notes: "I can ... call a friend and fellow-specialist to witness that I had developed my theory of paranoia before I became acquainted with Schreber's book" (Freud, 1911, p. 79)

This unnamed collaborator was Sandor Ferenczi and Freud's theory drew upon clinical work with a number of paranoid patients they had recently treated (Schröter, 1996). Indeed, Ferenczi soon followed Freud with his own papers on the link between paranoia and homosexuality (Ferenczi, 1911a, 1911b, 1914).

Freud's earliest work on sexuality and perversions (1905) posited that *all* individuals were born innately bisexual with both masculine (i.e. active) and feminine (i.e. passive) traits and also both a heterosexual and a homosexual component to their

desire. During 'normal' psychosexual development, their heterosexual component would blossom into mature adult genitality. Hence, Freud saw homosexuality as a form of immaturity or premature fixation where the libido remained narcissistically aimed at the self. In adolescence, this produced a libidinal *inversion* in which desire was directed towards same-sex others, rather than the opposite sex.

Freud returned to the issue of links between jealousy, paranoia, and homosexual aetiology in his 1922 paper. As regards homosexual individuals, Freud theorised that, in addition to any organic contribution, there were a number of psychodynamic influences (pp. 8-9) including an overly close relationship with the mother, narcissistic fixation on the self and overvaluation of the penis, heightened castration anxiety leading to a phobia of female genitals, as well as "any seduction bringing about a premature fixation of the libido" (p. 9) i.e. sexual abuse by a same-sex adult. He argued that in heterosexual individuals, their homosexual component was normally sublimated into social interests in the community, a platonic love for humanity in general. In some homosexual individuals, an increased social and philosophical giftedness was demonstrable, arguably an allusion to the Greek philosophers so beloved by Freud. Overall, whilst Freud considered homosexuality developmentally unfortunate, he did not consider it to be pathological *per se*, nor did he consider it something that could (or should) be changed via psychoanalysis (Freud, 1920; Freud, 1935).

### After Freud: Homophobic Psychoanalysis

Viewing paranoia as linked to homosexual desire became an essentially unquestioned axiom of early psychoanalytic thinking (Klein, 1932; Rosenfeld, 1949; Ovesey, 1955; Zamansky, 1958; Watson, 1965). However, challenges to Freud's more benevolent attitudes towards same-sex desire were brewing and surfaced soon after his death. Rado (1940) repudiated Freud's theory of universal bisexuality arguing that it was an unscientific and primitive religious notion that had erroneously entered psychoanalysis due to Freud's misapplication of concepts from embryology. Rado felt this "borrowed concept" (ibid, p. 461) had resulted in "deplorable consequences" (ibid, p. 466) for psychoanalysis. Firstly, analysts harmed their heterosexual patients when they asserted they had any form of homosexual component: "The idea that he is up against a homosexual component in his constitution has often produced in a patient



needless discouragement or panic, if not more serious complications." (Rado, 1940, p. 466)

Secondly, analysts were ignoring the societal harm posed by homosexual individuals who Rado argued suffered from a form of "genital psychopathology" (ibid, p. 464). Rado felt same-sex behaviour was a "reparative adjustment" (ibid, p. 466) rooted in profound anxiety which psychoanalysis had a moral and scientific obligation to understand and correct: "The basic problem, to state it briefly, is to determine the factors that cause the individual to apply aberrant forms of stimulation to his standard genital equipment" (Rado, 1940, p. 466).

Subsequent to Rado's paper, many psychoanalytic thinkers took up his call to arms in theorising about the factors that produced homosexuality and how they might best be cured (Ovesey, 1954; Bergler, 1956; Socarides, 1960; Socarides, 1962). In 1962, Bieber, Dain, Dince, Drellich, Grand, Gunlach, Kremer, Rifkin, Wilbur and Bieber published *Homosexuality: A Psychoanalytic Study* which presented their findings drawing on nine years of clinical work with 106 homosexual men which established the orthodox psychoanalytic position on homosexuality for years to come. Bieber et al. rejected the Kinsey et al. (1948) position that there was a biological contribution to sexual orientation, arguing instead that it was the result of developmental psychopathology. Their book provided a detailed theoretical and clinical elaboration on Freud's (1922) notion of the close-binding mother alongside an ineffectual (or tyrannical) father which represented a pathological family constellation. In their theoretical model, the mother was an overinvolved and intrusive figure who thwarted the separation-individuation process of her son due to her own narcissistic or obsessive needs. The overly distant father had deficits that caused him to be either too weak or too punitive for the son to identify with and develop a healthy sense of his own masculinity. They theorised that the intense conflicting feelings of love and hostility that this oedipal triangle induced in the son caused overwhelming castration anxiety and a resulting phobia of women and female genitals. This anxiety was resolved by the maladaptive homosexual object choice of the son: an over-identification with the mother (i.e. being with men like she was) and an avoidance of sexual rivalry with the father (i.e. leaving all women for him). Bieber et al. asserted that the developmental deficits caused by this kind of family of origin could be 'repaired' in intensive

psychoanalysis with the analyst filling the missing 'good father' role and thus 'normal' heterosexual functioning could eventually be achieved, provided the patient was sufficiently motivated.

Aside from Bieber, no other psychoanalyst committed himself to the issue of homosexuality more steadfastly than Charles Socarides (1968, 1973, 1975, 1988, 1989, 1995) whose writing on this topic spans over 30 years. Socarides expanded on another of Freud's (1922) notions in asserting the importance of pre-oedipal sexual abuse by a same sex adult which he claimed was often not remembered by the patient. This experience when combined with Bieber's pathological family constellation produced a grievously impaired sense of masculinity which he argued was often at the root of male homosexuality which he viewed as full of disguised aggression (Socarides, 1978; Socarides, 1988).

Socarides considered homosexuality to be a grave threat to society (Socarides, 1995). Indeed, taken to its limit, Socarides felt that acceptance of homosexuality could ultimately "lead to the death of the human race" (ibid, p. 28) as society might turn away from male-female sex and die out. Already, Socarides felt that acceptance of 'gay thinking' was causing Western society to forsake traditional sexual and familial morality as evidenced by increasing rates of promiscuity, divorce and fatherlessness.

Socarides expanded on Rado (1949) in asserting a typology of homosexualities, especially distinguishing between what he called obligatory and optional homosexuals (Socarides, 1988). Socarides argued that due to their impaired masculinity, obligatory homosexuals were unconsciously compelled to pursue same-sex behaviour. Socarides likened this compulsion to that of an alcoholic whose addiction compels him to drink (Socarides, 1995). These unconscious motivations could be alleviated via 'reparative therapy' but only for those patients who accepted that they had an illness (Socarides, 1975).

Socarides rejected the concept of bisexuality framing it instead as a form optional homosexuality in that it was not psychically *compelled* but consciously *chosen* for perverse reasons: "Often they're the kind who use people for their own ends, then cast them loose – which is one definition of a sociopath" (Socarides, 1995, p. 18). Socarides also rejected the idea that there could be healthy and happy LGBTQ+

individuals: "Mark this well: appearing normal is perversion's calling card" (ibid, p. 110). He held that homosexuals were essentially narcissistic and hence incapable of love: "Homosexuals kid themselves and one another with protestations of love and affection" (ibid, p. 111). Socarides considered the most extreme form of the destructive aggression inherent in homosexuality was seen in paedophiles and serial killers, noting the example of Jeffrey Dahmer who had murdered, sodomised and cannibalised his male victims. Indeed in repudiating Kinsey et al. (1948) and the Kinsey scale, Socarides cites unsubstantiated claims that Kinsey was a homosexual paedophile who merely wanted to "normalise his own deviance" (ibid, p. 71) by promoting 'anything goes' bisexuality. Socarides position is deeply problematic in rejecting the prevalence and validity of bisexual desire and conflating it with extreme and violent forms of psychopathology - a particularly damaging form of bisexual erasure. His views of individuals who experience same-sex desire are extremely denigrating and patronising, essentially framing such individuals as inherently unreliable or deceptive. Especially troubling is his stance that his ideas are not subjective and extreme forms of moralisation but rather scientifically justified objective beliefs informed by his expert knowledge as a doctor and psychoanalyst (Socarides, 1995).

### Exploring the Historical Context

As Gadamer (1982) notes, individuals are powerfully influenced by the socio-historical context in which they are embedded. As such, it is necessary to explore the prevailing societal attitudes towards same-sex desire when the above literature was originally written. To do so, I will be primarily drawing on literature from the discipline of sociology. The tradition of group analysis (Foulkes, 1964) similarly draws on sociological thought to broaden psychoanalytic understanding beyond the individual and towards larger groups. Yet whilst it has deeply explored issues of class, race, and gender (Dalal, 2002), it has been noticeably silent on issues of desire and sexual orientation (Weegmann, 2007), a state of affairs which Anderson (2016) notes still requires further attention within group analysis. As such, I will be drawing from sociology directly.

### Moral Panics and Moral Entrepreneurship

Moral panics are a sociological concept describing a pattern of societal reaction to behaviour that is deemed deviant i.e. counter to prevailing societal norms (Cohen,

1973). They are characterised by escalating feelings of fear and moral indignation that spread through large groups of people. They are concerned with some kind of 'evil' that supposedly threatens the well-being of society. Moral panics are a recurring phenomenon in human history as evidenced by panics about witches and satanic cults, predatory paedophile rings, juvenile delinquents, the War on Drugs, violent video games, etc. Moral panics are largely dependent on mass media as they allow information to spread widely and quickly across large social networks. The advent of mass media began with the invention the Gutenberg printing press in the 15<sup>th</sup> century. The second bestseller in history (the first being the Bible) was *Malleus Maleficarum* (Kramer & Sprenger, 1487), or *The Hammer of Witches*, a treatise about the detection, interrogation and extermination of witches. Its publication fuelled the witch hunting hysteria that swept across Europe in the 15<sup>th</sup> and 16<sup>th</sup> century, reaching as far as America in the 17<sup>th</sup> century with the Salem Witch Trials (Frankfurter, 2006).

Cohen (2011, p. xxvi-xxvii) notes that moral panics commonly go through a series of predictable stages which can be summarised thus:

1. Someone, something or a group are defined as a threat to social norms or community interests
2. The threat is depicted in a simple and recognizable symbol/form in mass media (often distorted)
3. The portrayal of this symbol rouses great public concern
4. There is a response from authorities and policy makers
5. The moral panic over the issue results in social changes within the community (often persecutory)

Moral panics usually involve an interaction between the mass media and the efforts of *moral entrepreneurs*. Moral entrepreneurs are another sociological concept defined as individuals or groups that initiate a change in labelling for a behaviour or group (either positively or negatively) and advocate for the enforcing of existing social norms or the adoption of new ones (Becker, 1966). Becker notes that many moral entrepreneurs have humanitarian public health aims (e.g. anti-tobacco or anti-domestic violence) or emancipatory aims (e.g. civil rights or LGBT rights) and thus moral entrepreneurship can be a force for positive change. However, Becker argues that the

moral entrepreneurs who feed panics act more as moral crusaders who socially construct forms of deviance by applying negative labels to a group or behaviour which they view as a threat. They then advocate for the enactment of new rules that will both contain and punish the deviants. Prompt and effective persuasion of others is conceptualised as their primary focus with less concern as to the means employed to reach that end. Hence Becker notes how they will often assert that their targeted group has intentions to harm or exploit vulnerable individuals (such as children) to arouse and heighten public concern that 'something must be done'.

Linking these two sociological concepts back to psychoanalytic thought regarding paranoia, Becker's concept of moral entrepreneurs seems to parallel McWilliams (2014) examples of the 'healthy' paranoid which she noted were often found both in political groups and in victim advocacy. Similarly, Cohen's pattern of moral panic can be viewed as a projective group process in which paranoid delusional fears spread and are held collectively within a community, which stands in contrast to the notion that paranoid delusions are normally an idiosyncratic individual phenomenon.

### Gay Moral Panics

These two sociological concepts also have strong relevance to issues of sexual orientation due to the phenomenon of moral panics about homosexuality. Same-sex desire has often attracted the attention of moral entrepreneurs such that by the 12<sup>th</sup> century, sodomy was punishable by death throughout Christendom. In religiously motivated moral panics, Frankfurter (2006) notes the frequent linkage of moral and sexual deviance such as the belief that witches were sexually enslaved by the pleasure of sex with demons and asserting an equivalence between heresy and sodomy. In the 14<sup>th</sup> century, sects deemed heretical by the Catholic Church such as Cathars, Waldensians, and Bogomils were accused of fornication and sodomy as well as Satanism. Hence, during the many Witch trials and the Inquisition, men accused of sodomy were often tortured and burnt at the stake alongside those presumed to be witches or heretics (Fone, 2005). As a result of Vatican advocacy during this period, the majority of European nations passed Sodomy laws that criminalised homosexual acts with penalties ranging from imprisonment to execution such as the Buggery Act of 1533 in the United Kingdom.

Periods of heightened social change almost always increase societal anxiety and provide fertile conditions for moral panics (Cohen, 1972). The 1860s-1890s were a period of profound social change due to the impact of the second industrial revolution. The increasing reach of rail and the telegraph networks led to unprecedented movements of both people and ideas (Smil, 2005). To meet the demand for industrial labour in the cities, Western societies rapidly shifted from one in which the majority of the population lived rurally to one in which they were predominantly urban.

Carrol (2004) notes how these changes had a significant impact on ideas about masculinity and sexuality. In rural communities, working class young men could perform their masculinity through physical labour developing a small plot of land and thus becoming marriageable. In urban communities, this avenue was foreclosed, hence actual sexual expression became an increasingly important way for young men to perform their masculinity. Also, unlike the barter economies of rural communities, urban young men were now paid with actual money amidst a range of entertainment establishments eager to consume this surplus such as restaurants, theatres, drinking houses, gambling dens, and brothels. The increased population also offered gay men more opportunities for sexual encounters either in public spaces (e.g. parks and lavatories) or privately in 'molly clubs', the clandestine gay venues of the times. However, both held considerable risk given the penalties for sodomy.

In contrast, the men of the growing middle class (e.g. clerks, book-keepers, managers, business owners, etc.) looked to the social mores of the aristocracy and demonstrated their masculinity with religiously inspired notions of purity, duty, and respectability. This included the conspicuous *avoidance* of drinking, gambling, and sex for any other purpose than reproduction within marriage. The heightened social anxiety about sexuality produced by tension between these conflicting masculinities found an outlet in a shared panic about sex crimes. This was centred on fears that young girls were being exploited by brothel owners and that young men were being predated upon and 'recruited' by sodomites. Phillips (1987) notes how British anxieties about masculinity were projected onto New Zealand shores with Victorian media lauding the manly image of the pioneering colonists contrasting them with image of men 'feminised' by urban living and sedentary occupations. This image of New Zealand as 'a man's country' was impacted by the highly skewed male/female ratio prior to WWI which

resulted in any men living in all male communities of 'mates' in which heterosexuality was vehemently asserted and anxiously policed through homophobic humour.

In the United Kingdom, moral panic about homosexuality found ultimate legislative expression in the Labouchere Amendment (1885) which criminalised being 'a party to the commission' of 'gross indecency' between men, an ambiguous wording intended to allow the targeting of effeminacy, cross-dressing and any inappropriate physical intimacy between men due to the perceived difficulty of proving the charge of sodomy under the existing law of 1861. As a result, aside from a handshake, many men in the UK began to avoid touching other men or their sons in public for fear of being thought a sodomite. The new law was famously used to prosecute Oscar Wilde in 1895.

Turning now to the 1940s-1950s, this was a time period in which Western society was again gripped in a moral panic about homosexuality. WWII was a time of increased personal freedom for gay men and lesbian women (Bérubé, 2010). This wasn't just in the trenches. Whilst the men were away, there was an influx of women into the factories to work in support of the war effort which fostered increased visibility and contact between lesbian and bisexual women. Yet, when the war was over and the men returned, these freedoms soon evaporated as the dominant culture anxiously wanted to re-establish prior norms in the interest of 'social stability'. Women were pressured to return to the home and lesbian women to return to the closet and many women reaffirmed their prior straight identity and denied their same-sex relationships (Rupp, 1980).

In the post-war period, Kinsey et al. (1948) published their work on male sexual behaviour showing that far more men had same-sex fantasies and engaged in same-sex acts than was widely assumed and that these men often did not fit societal stereotypes of effeminacy. Ironically, the idea that homosexual acts were common and that seemingly straight men could be gay had the effect of fuelling panic rather than the acceptance the authors had hoped for (Fejes, 2008). Post-war fears about possible communist infiltrators culminated in moral panics such as McCarthyism (Hofstadter, 1964). As in earlier times, sexual subversion was soon conflated with political subversion, which led President Truman to enact EO10450 in 1953 which barred homosexuals from serving in the government and military. This was based on the tautological argument that closeted homosexuals were a national security problem due

to their vulnerability to blackmail by Soviet spies who by threatening to 'out' them could endanger their employment. A similar circular argument was made regarding UK computer science pioneer Alan Turing when he was convicted in 1952 under the aforementioned Labouchere law. In the New Zealand context, the moral panic about sexuality and particularly lesbianism was exacerbated by media coverage of the Parker-Hulme case in 1954. Two teenage girls reportedly in an 'unnatural relationship' murdered the mother of one of the girls. The public outcry prompted the NZ government to appoint the Mazengarb Committee to investigate the issue of teenage 'sexual delinquency' (Glamuzina & Laurie, 1991).

### The Impact on the Literature

Fejes (2008) notes that throughout history much of what the public heard about 'homosexuals' was material produced as part of the intense media attention that incurred during moral panics. Hence mainstream stereotypes of 'homosexuals' tended to be deeply distorted and negative: "sick perverts, child molesters, and seducers of the innocent" (Fejes, 2008, p. 4). I believe this socio-historical context had a powerful impact on those theorising and writing at the time.

Ulrichs (1898) was attempting to counter the injustices of the prevailing flawed understanding by offering his theory of natural orientations regarding male sexuality and lobbying for the repeal of Sodomy laws. Yet other writers remained captured by societal notions of deviance. Krafft-Ebing (1886) viewed homosexuality as an organic illness, not a moral one. As such, it warranted neither execution nor imprisonment, but rather psychiatric treatment. However, he categorised it alongside psychopathic anti-social sexual perversions (since it involved contempt for the current laws) and thus perpetuated the false linkage between paedophilia and homosexuality which became the prevailing view of the time.

Turning to the psychoanalytic literature, Freud's (1905) notion of universal bisexuality and his acknowledging his own (though admittedly sublimated) homosexual component was quite remarkable given the tenor of the times in which he was writing. However, even his position did not escape the impact of societal disapproval since he still considered homosexuality an immaturity and his further theorising on the issue of



homosexuality (Freud, 1911; Freud, 1922) sowed the seeds for the subsequent pathologisation of homosexuality after his death.

Freud and Ferenczi's claims to have seen many paranoid patients with conflicts regarding same-sex desire makes more sense in the context of a heightened level of societal panic about homosexuality in the early 1900s. The individuals Freud and Ferenczi treated mainly came from middle to upper class families who likely accepted and repeated the highly negative portraits of non-heterosexuals common to this period that I have described above. In that kind of social climate, the idea of same-sex desire often leads to profound anxieties about possible stigmatisation and humiliation. Thus these families arguably perpetuated the wider social dynamic of persecution at the level of the family system with traumatic consequences for any non-heterosexual individuals within them. In that sense, these European families were not dissimilar to those of the paranoid gay men I had treated.

This moral panic of the 1940s provides the social context in which Rado (1940) wrote rejecting Freud's notions of universal bisexuality and his forceful pathologisation of homosexuality. Similarly, Bieber et al.'s (1962) and Socarides (1968) work were intended as psychoanalytic refutations of Kinsey et al.'s (1948) work. Lewes (1988) notes how the early psychoanalysts who fled Germany to escape persecution and took up residence in the US and UK. He argues that subsequent to that, psychoanalytic theory shifted its emphasis from critiques of civilisation and focused more on the concept of the 'healthy' citizen, someone who would be resistant to totalitarian, fascist or communist influences that were unwelcome in their adopted countries. This shift led classical psychoanalysts to become somewhat authoritarian advocates for the status quo, encouraging the development of the mature well-adapted individual who worked, loved and played according to established societal norms, particularly those relating to sexuality.

Psychoanalysis had great influence in post-WWII US society especially upon psychiatric thinking. Indeed, some denote it as the era of 'Psychodynamic Psychiatry' (Grob, 2011) as evidenced by homosexuality's inclusion as a sociopathic disorder in the first and second editions of the DSM (APA, 1952; APA, 1968). Whilst New Zealand did not have the direct influence of any psychoanalytic institutes as in the US and UK, the

impact on psychiatric thinking still led to pathological views of same sex desire as an illness in need of curing being common here (James, 1966; Denford, 1966).

## Chapter Summary

In this chapter, I have explored the time period of the 1880s-1960s which represent the Thesis stage in reference to linkages between paranoia and homosexuality. I have explored two notable periods of relevant psychoanalytic theorisation which I have summarised and then contextualised by exploring the historical context that I argue influenced them. In particular, highly negative depictions of same-sex individuals were prevalent in society at the time these psychoanalytic writers were formulating their theories. These societal factors had a significant impact upon both the clinicians and the patients they were treating which lead to overstated linkages being made between homosexuality and paranoia and, subsequently between homosexuality and psychopathology more generally. This resulted in theories that largely perpetuated societal discrimination and persecution in psychoanalytic form.

In the next chapter, I will be covering the period of the 1960s-1980s which represents the Antithesis stage, or the refutation of the link between paranoia and homosexuality.

## Chapter 4 – Antithesis: The Radical Repudiation

In this chapter, I will be offering the results of my review of the literature from the 1960s up to the 1970s. This time period includes the psychoanalytic rejection of the causal linkage between paranoia and homosexuality and subsequent repudiation of the link between same-sex desire and pathology in general.

I will provide an overview of the psychoanalytic literature itself, followed by a contextualisation of that writing that draws upon literature exploring of the social-political events of the time period in question. I will also include some personal context as to how I make sense of the literature reviewed.

### Rethinking Paranoia: Schreber, Father and Son

In this section, I return to Freud's (1911) original paper that linked paranoia and homosexuality. I will detail the re-interpretations of that paper by subsequent writers that revealed important omissions in Freud's work and how this led to the discarding of that linkage.

Freud's (1911) original paper on Schreber that presented his theory on paranoia and homosexuality was unlike any of his other case studies in that he intentionally limited the context for his analysis to the contents of Schreber's (1903) memoir. He made no attempt to enquire into the details of Schreber's childhood which was very unusual for Freud's psychoanalytic writing. Freud did make reference to Schreber's distinguished and notable family, especially his father, Moritz Schreber [1808-1861], who was a well-known and esteemed doctor, pedagogue and social reformer widely lauded in German society at the time but went no deeper. Schreber's memoirs themselves were also silent on this area as the third chapter of his manuscript which detailed the events of his childhood was considered 'unsuitable for publication' (p. 43) and completely omitted from his printed memoir.

German psychoanalyst William Niederland spent 30 years researching Schreber to correct this omission. He subsequently published a series of papers and later a book about the Schreber father and son that critiqued Freud's original hypothesis about the genesis of paranoia (Niederland, 1951, 1959, 1975). In understanding Schreber's childhood, Niederland drew upon the eighteen books that his father, Moritz Schreber, had published. These books contained an expansive system of recommended practices

for the proper physical, mental, and moral education of children which the father noted he had used upon his own children. The books were well received and widely read in German society of the time.

The father Schreber considered children to be innately barbaric, deceitful and lustful as a result of their state of original sin. He believed that only through complete unquestioning submission to the will of God, as passed down through the father, could they be saved from physical and moral degeneration and ultimately, damnation. He advocated a strict programme of physical exercise, moral and academic instruction, augmented with rigid discipline to purify and strengthen children and thus produce a stronger German race. He also documented his invention of a number of mechanical devices, fashioned from iron bars with leather straps to be worn by children to ensure their correct posture, both when awake and asleep, and especially to prevent his greatest obsession, masturbation (Niederland, 1975).

Schreber was not alone in this as moral panics about the physical and mental illnesses that all supposedly stemmed from masturbation (and non-reproductive sexuality in general) were widespread in Western culture around this time (Holler, 2002). We have the US example of John Harvey Kellogg (1852-1943) who invented cornflakes in the hope that a bland diet would curb 'self-abuse' (Kellogg, 1888). Schreber believed child masturbation represented such a profound peril that he advocated for young children to be shown a blade and threatened with amputation of their genitals (if a boy) or their hand (if a girl) should they be thought to have touched themselves inappropriately. In this context, the many recorded cases involving castration anxiety and glove paralysis amongst psychoanalytic patients in this era were not quaint delusions but arguably real fears engendered by explicit parental threats. Schreber's system of 'household totalitarianism' attempted to dominate the body so as to control the mind. His intent was to make it so that children couldn't even *think* of disobedience nor experience ungodly erotic desires.

Niederland (1959) noted that the Schreber son's hallucinations of physical torture and emasculation eerily paralleled the impact of the application of the devices the father had invented and that the content of his delusions of persecution by God aligned with his father's 'poisonous pedagogy' (Miller, 1983). In short, Niederland argued that Schreber's paranoia was the result of his unremitting abuse and persecution

at the hands of his father. This had indeed included repression of both his emotionality and sexuality, but this ultimately found a *transgender* expression (being transformed into a woman), not a *homosexual* expression. Niederland (1975) also writes that the impact extended beyond the middle son. Schreber's older brother had committed suicide and also struggled with psychosis and depression and at least one (and possibly two) of his three younger sisters had suffered from 'hysterical' illness. Growing up in Schreber's family had clearly been deeply traumatic for the children.

### Persecution of That: The Paranoidogenic Family

Schatzman (1973) further developed Niederland's work with his concept of the paranoidogenic family. Schatzman's intra-familial process of persecution bears a striking similarity to Cohen's (1972) societal process of moral panic. Schatzman terms his model the 'Persecution of That' and it entails the following steps on the part of the parents: (1973, pp. 122-123):

1. Regard part of oneself, **That**, as bad (or mad, obscene, impure, dirty, dangerous, etc.)
2. Fear **That** will destroy oneself if oneself does not destroy **That**
3. Destroy **That** in oneself by denying *That* is part of oneself
4. Deny the denial, that anything is denied, and the denial of the denial
5. Discover **That** in other people
6. Fear **That** will destroy them, others, or oneself if **That** is not destroyed
7. Adopt the means to destroy **That** in them, even if that entails destroying the people in whom one has discovered **That**

So in these paranoidogenic families, 'deviance' is formulated, disowned, and projected onto the children by one or both parents. The child is then repeatedly humiliated and punished to 'correct' this flaw in their nature. This produces intense feelings of shame, fear, and hostility in the child alongside powerful injunctions against expressing them due to fear of parental abandonment. This childhood relational trauma produces highly constricted and anxious adults who fiercely defend against anything which they fear might further shame them. The Psychodynamic Diagnostic Manual notes that the central pre-occupation of paranoid individuals is with "attacking or being attacked by humiliating others" (PDM, 2006, p. 361), i.e. a repeat of their mortifying childhood experience.

As a result of these important re-interpretations of Freud's (1911) paper, his causal linkage between paranoia and repressed homosexuality has been essentially abandoned. The influence of the family context upon the aetiology of paranoid individuals is now widely acknowledged in current psychoanalytic thinking (Akhtar, 1990; McWilliams, 2014; Meissner, 1978).

### Repudiating "Homosexuality" as Illness: Homophobia

In this section, I explore the emergence of the concept of homophobia. This represented a rejection of the broader psychoanalytic and psychiatric linkage between same-sex desire and mental illness. In a similar vein to the shift in the psychoanalytic understanding of paranoia, the impact of persecutory social contexts upon LGBT individuals was foregrounded.

In 1969, routine police harassment of the patrons of a New York gay bar, the Stonewall Inn, sparked the mobilisation of the LGBT community in a series of violent mass protests. This heralded a new phase in the struggle for LGBT rights. Unlike the Homophile and Mattachine societies which were gay rights groups formed in the 1940-1950s, the members of the new Gay Liberation Front (GLF) were not content to just *ask* for a cessation in discrimination and harassment, they took to the streets in large numbers to *demand* it (Fejes, 2008). An early target for this new form of LGBT activism was the psychiatric establishment due to their classification of homosexuality as a sociopathic illness. LGBT activists began disrupting and protesting outside APA conventions. They argued that aversion therapies amounted to psychological torture and demanded to be allowed equal time to speak and demonstrate the existence of healthy LGBT individuals, thus refuting the concept of inherent pathology. Psychologist George Weinberg challenged the mainstream discourse and claimed that it was those who harboured prejudice against LGBT individuals that suffered from a psychological illness which he called homophobia that was characterised by the irrational fear of and hostility towards non-heterosexuals including: "...the dread of being in close quarters with homosexuals—and in the case of homosexuals themselves, self-loathing". (Weinberg, 1972, p. 4)

Weinberg (1972) offered homophobia as a unifying concept underlying the promulgation of negative beliefs about same-sex desire and behaviour that had

occurred throughout history. His concept also linked the fear that heterosexual men felt, of being thought to be gay, with the distress and difficulty LGBT individuals had in accepting their sexuality due to their having *internalised* societal homophobia. Framing prejudice against non-heterosexuals as a social problem that warranted attention predated Weinberg but the coining of the term homophobia was a milestone in LGBT advocacy (Herek, 2004). The terms homophobia and gay found increasing popularity much to the displeasure of anti-gay critics who lamented how this tipped the scales of discourse away from 'homosexuals as disturbed individuals' and towards the idea that those who disapproved of same-sex desire had something wrong with *them*. Indeed, Socarides (1995) rejected the concept of homophobia arguing that disapproval of same-sex behaviour was a 'natural' reaction and also that it involves the misuse of the psychiatric term of phobia which is reserved for exaggerated irrational fears. I would argue that his belief that homosexuality, if left unchallenged, could "lead to the death of the human race" (Socarides, 1995, p. 11) is far from rational.

One of the critiques of homophobia is that the concept has become overused and thus become too diffuse. It has been used to denote both the internalised distress of individuals as well as societal or institutional discrimination by various groups. It has been applied to attitudes which arguably stem from heteronormative ignorance of same-sex experiences and individuals, which are argued to be no more an illness than homosexuality was (O'Brien, 2015). Yet it has also been applied to the intense anger and disgust felt by some towards LGBT individuals that fuels verbal abuse and physical assaults (Tomsen, 2006). Similarly, it is applied to the intense distress and self-hatred that leads disproportionate numbers of LGBT youth to attempt suicide (Mustanski, Andrew, & Puckett, 2016). I would argue that homophobia is a vitally important concept that is best viewed as a continuum phenomenon that occurs as a psychosocial process impacting both individuals and groups. Fraïssé and Barrientos (2016) term this the *Homophobic System* and note the critical importance of pursuing further research to understand both the intra-psychic and inter-personal mechanisms that create and perpetuate it, a viewpoint similarly shared by Lewes (2008).

Homophobia also does not exist in isolation but is embedded in a matrix of inter-related normative beliefs about sex, gender, and orientation (Butler, 1990). A pair of quantitative empirical studies (n=166, n=221) by O'Connor, Ford, and Banos (2017)

showed that men who have a more precarious sense of their own masculinity are more likely to make sexist and homophobic jokes in attempts to buttress it. This tendency is more pronounced amongst men from marginalised ethnicities and with lower socio-economic status, which Connell and Messerschmidt (2005) link to their concept of hegemonic masculinity. They argue that there are a multiplicity of contesting masculinities existing within society at any given time with the masculinity of white, wealthy, straight males being historically privileged over other masculinities and identities. The hegemonic masculine group maintains its social dominance by discriminating against men from 'lesser' masculinities. Men from these marginalised masculinities (i.e. non-white, non-wealthy) then target women and sexual minorities (i.e. non-male or non-straight) to maintain their position and the overall process results in the perpetuation of social inequality. However, the importance of disowned homoerotic desire should not be ignored. A quantitative empirical study (n=64) by Adams, Wright, and Lohr (1995) noted that men with intensely homophobic attitudes (n=35) had heightened levels of physiological sexual arousal to homosexual imagery, which they denied experiencing, compared to non-homophobic male controls (n=29).

In 1973, due to continued LGBT activism arguing against institutional homophobia and demanding the acknowledgement of healthy LGBT individuals, the American Psychiatric Association voted to remove homosexuality as an illness from the DSM. The psychiatrists Spitzer and Marmor championed this shift after becoming convinced that Bieber and Socarides earlier work was scientifically unsupportable (Bayer, 1987). In 1975, the American Psychological Association followed suit in officially declaring homosexuality to be non-pathological.

### The Radical Critique

Inspired by the anti-psychiatry theorising of such writers as Laing (1960), Szasz (1961), Becker (1966) and Scheff (1966), a group of political activists and allied clinicians took this social critique even further. The Radical Therapy movement argued that both psychiatrists and therapists effectively functioned as extensions of the government for their own benefit and at the expense of their patients. This resulted in what they termed the Therapeutic State in which anyone who questioned the legitimacy of the white capitalist hetero-patriarchal system was labelled as deviant or crazy justifying their



institutionalisation and marginalisation as a mechanism of necessary social control (Steiner, 1969; Agel, 1971).

The Radical therapists rejected the very concept of schizophrenia and paranoia as illnesses, considering paranoia to be a beneficial state of heightened awareness of the threat that the Therapeutic State represented. The phrase "Alienation = Oppression + Mystification" (Steiner & Wyckoff, 1975) represented the Radical reframing of the roots of the depression, anxiety and distress experienced by individuals due to their non-normative experiences of hearing voices or same-sex desire. Their suffering was viewed as the result of a society that oppressed them due to its anxiety about their difference. They were then told that their distress was due to inherent illness *within them*, a compounding injury to their sense of emotional reality. Ultimately, this left such individuals isolated and externally alienated from wider society and internally alienated from parts of themselves. The Radical Therapists motto "Therapy means CHANGE not adjustment" (Agel, 1971) represented their argument that therapy should focus on empowering clients to join with like-minded others, to find their collective voice and seek political change, rather than fostering individual adaptation or adjustment to an oppressive reality. The Radical position drew upon the labelling theory of mental illness, namely that societal labels functioned to reify difference as deviance and thus created illness through repeated shaming (Scheff, 1966). Hence, they were explicitly hostile to diagnosis. In particular, they argued that the application of *any* kind of diagnostic label to distressed gay or lesbian individuals was inherently homophobic and the unjust continuation of societal oppression, a position which Gonsiorek summarised thus: "Diagnosis of homosexuality as an illness is wrong; therefore diagnosis is wrong; therefore my client is not schizophrenic but merely oppressed (misunderstood, stigmatised, etc.) because of his or her homosexuality" (Gonsiorek, 1982, p. 12).

Whilst the Radical movement was vocal in its support of gay and lesbian rights, it was notably muted in its support for bisexual identities. In an influential Radical gay rights manifesto of the time, Carl Wittman writes:

*We continue to call ourselves homosexual, not bisexual, even if we do make it with the opposite sex also, because saying "Oh, I'm bi" is a cop-out for a gay. We get told it's OK to sleep with guys as long as we sleep with women too, and that's still putting homosexuality down.*

*We'll be gay until everyone has forgotten that it's an issue. (Wittman, 1971, p. 263)*

This statement evidences how bisexual erasure is not just a heterosexual phenomenon. Gay and lesbian activists have often expressed misgivings about bisexuality as something which unduly complicates or weakens their narrative, especially around the 'innate vs. chosen' dichotomy (Yoshino, 2000). This stems, in part, from misunderstanding the experience of bisexual *desire*, which is *not* chosen, and conflating it with sexual *behaviour* which can be.

Whilst the Radical argument that all therapists routinely promoted their own interests above their patients may appear to be exaggerated, their acknowledgement of the impact of the social context on marginalised groups was important. The Radicals were critiquing the authoritarian rigidity of psychiatric and psychoanalytic orthodoxy which kept locating illness purely within the individual, ignoring their context and subjectivity, and consequently offering degrading and ineffective treatments. As Schatzman notes "The idea that someone is mentally ill makes it easy to call what he says invalid" (1973, p. 1). In an oppressive discourse, sometimes you have to shout to be heard at all. The Radical view is that paranoia is partially adaptive, a form of "heightened awareness" in which certain individuals are able to see and give voice to the implicit social power relationships that the majority are blind and insensitive too. They are labelled 'mad' to discount their perception because they are holding up an unwelcome mirror to society. In clinical descriptions of paranoid character, one of the most recognised (and lamented) characteristics is how difficult it is to change despite all the clinicians efforts. From a less pathologising perspective that could be viewed as a remarkable form of psychological resilience. Paranoid individuals have an ability to resist the powerful social pressures to conform that most others lack. In the context of marginalised groups, the subset that possess this particular character structure are able to hold fast to their sense of self-worth despite repeated defeats and discrimination at the hands of an oppressive majority. As McWilliams (2014) notes, activist movements benefit from the voices and efforts of their 'normal' paranoid members since they allow the movement to endure over time and thus ultimately change the persecutory dominant discourse.

## Chapter Summary

In this chapter, I have explored the time period of the 1960s-1970s which represent the Antithesis stage in reference to linkages between both paranoia and homosexuality, and between homosexuality and illness more generally. In both sections, the importance of persecutory family and social contexts in the aetiology of psychological distress was foregrounded which led to the earlier understanding being largely rejected. I have detailed the emergence of the concept of homophobia as an important counter to the position of same-sex desire as an illness. I have also explored the Radical Therapists critique which argued against viewing paranoia as an illness located in the individual and reframed it as a partially adaptive response to marginalisation and oppression.

In the next chapter, I will be covering the period of the 1980 onwards which represents the Synthesis stage, or the more nuanced understanding of links between paranoia and same-sex desire.

## Chapter 5 –Synthesis: Alienation

In this chapter, I will be offering the results of my review of the literature from the late 1970s up to the present day. I explore the prolonged difficulty the psychoanalytic community had in responding to the LGBT critique of their position upon sexuality. I also detail attempts at a synthesis of the prior literature on causal linkages between paranoia and homosexuality. I explore the emergence of new psychoanalytic thinking from LGBT analysts that addressed the unique challenges of LGBT clients experience due to the impact of societal homophobia.

### Rethinking Psychoanalytic Homosexuality

Despite the 1973 shift in the psychiatric understanding of homosexuality, many in the psychoanalytic community considered this a grave mistake driven by politics rather than clinical insight and continued to hold fast to ideas of developmental psychopathology (Socarides, 1975; Limentani, 1977; Socarides, 1978). Socarides (1995) claimed that many psychiatrists and psychologists still shared his position but had allowed themselves to be bullied into a cowardly silence by militant gay activists. As Socarides, Bieber and other senior psychoanalysts still advocated that orientation could (and should) be changed, this resulted in continued conflict with the LGBT community. This state of affairs led LGBT-friendly clinicians outside psychoanalysis to begin repudiating *all* psychodynamic thinking on sexuality as unscientific and homophobic.

However, new psychoanalytic voices did begin to emerge that challenged the pathologising theoretical position arguing that it went against important psychoanalytic principles, namely that of over-determination. In 1978, Stephen Mitchell, a heterosexual psychoanalyst, argued that sexual object choices were the result of multiple interacting influences – biological, social, and developmental and that historically psychoanalysis had patiently attempted to tease out these subtleties from a position of neutrality. The directive-suggestive approach that involved telling the patient to avoid same-sex desire and behaviour deviated from central Freudian principles, both in theory and in technique. Similarly, analytic curiosity about the potential psychodynamic influences on a patient's sexual behaviour need not imply homophobia. Mitchell argued that both homosexual and heterosexual orientations could be viewed as compromise formations, a position which Chodorow (1992) also explored. Mitchell (1981) offered the concept of

*secondary autonomy* in recognising that adaptations to familial psychodynamics (e.g. paternal alienation) may indeed influence the development of a homosexual object choice. However, that didn't imply any need to pathologise homosexuality itself which may subsequently become a valued part of one's identity.

Mitchell also pointed out that much psychoanalytic theorising about homosexuality was arguably flawed due to clinicians extrapolating from the skewed sample of conflicted homosexual individuals that entered their consulting rooms and considering them representative of the wider gay and lesbian community.

Chodorow (2002) noted that Mitchell's pioneering writing had limited impact on psychoanalysis at the time. Notably, he was writing at the beginnings of the AIDS crisis when societal homophobia was increasing due to panicked media coverage about AIDS and stigma from mischaracterising HIV as a gay disease (Kalichman, 2009).

### Paranoia and Sexual Identity Crises

Outside psychoanalysis, psychologist John Gonsiorek (1982) thoughtfully and critically re-explored the possible interplay between homosexuality and pathology, especially in relation to the issues of paranoia and psychosis. He noted how this early linkage arguably impaired the psychoanalytic understanding of *both* homosexuality *and* paranoia:

*Some clients who are paranoid and thought-disordered will have delusions and ideas of reference about homosexuality, and may be in considerable distress about this. On the other hand, some clients having severe sexual identity crises about their homosexuality will be panicky and paranoid, and may appear thought-disordered. (Gonsiorek, 1982, p. 11)*

Gonsiorek goes on to note particular difficulties in applying a diagnosis of paranoid delusions to homosexual individuals who are experiencing a severe sexual identity crisis due to traumatic difficulties in coming out:

*Paranoia and other florid reactions of a sexual identity crisis in a genuinely homosexual person are more likely to be partially, or at times completely, reality-based, as a result of severe interpersonal rejection, physical or sexual assault, impending or actual loss of job or a host of other possible ways in which a person may be traumatised because he or she is homosexual. (Gonsiorek, 1982, p. 11).*

However, Gonsiorek does acknowledge that for some pre-schizophrenic individuals, a highly stressful coming out can trigger the onset of actual schizophrenia. Overall, his stance is one of thoughtfully and carefully considering all the possible factors at play in a complex sociocultural and personal interaction.

Gonsiorek also offers the concept of “characterological overlays” (1982, p. 16) which is the idea that gay and lesbian individuals may exhibit, for example, borderline or paranoid appearing personality features as a result of their enduring similar challenging life experiences and developing a similar range of adaptive (or not-so adaptive) responses to them. He points out that such overlays may not necessarily be deeply rooted in the personality yet and that once resolved, a different personality structure may emerge which will need to be understood and accommodated by the therapist. The primary example he gives is that of a borderline personality overlay as evidenced by an LGBT individual’s preference for anonymous sexual encounters. Gonsiorek argued that this preference likely has its roots in internalised homophobia having produced significant conflicts around accepting one’s sexual orientation and the individual may then resort to splitting to cope with the painful internal tension. Whilst there may be some merit in his position regarding certain individuals, it also contains some unexamined assumptions and biases. There are members of the LGBT community who view the privileging of monogamy and stigma against sexual novelty as unjustified heteronormative impositions (Kassof, 1989; La Sala, 2005). Similarly, mainstream psychotherapy values tend to privilege ongoing intimate relationships and unfairly pathologises sexual expression that is pursued purely for pleasure.

### The Emergence of LGBT Analysts

In 1988, Kenneth Lewes published his landmark book comprehensively detailing the long history of psychoanalytic thinking about homosexuality. Richard Isay’s (1989) book on healthy homosexual development followed the year after. Notably, both Lewes and Isay were closeted gay analysts at the time of publication, and only came out subsequently. Lewes wrote “There has never been in the history I have sketched a single analytic writer who could identify himself as homosexual.” (Lewes, 1988, p. 283). This was no accident. The most prestigious psychoanalytic training institutes were affiliated with either the American Psychoanalytic

Association (APsaA) or the International Psychoanalytic Association (IPA). Senior analysts in those bodies routinely declined to accept 'out' LGBT applicants, nor would they graduate a trainee analyst who had not 'resolved' the oedipal issues evidenced by their non-heterosexuality. Cole recounted how his analytic training in 1990 required him to "re-enter the closet" (2009, p. xiii) to be accepted. Struggling with this deeply painful pretence, two sympathetic instructors advised him to continue it lest he be discovered and ejected. Rather than maintain the lie, Cole left the IPA-affiliated institute and completed his training elsewhere.

Lewes (1988) argued that this exclusion of LGBT voices from dialogue *within* psychoanalysis prevented the correction of analytic error. He contrasts this with the evolution in psychoanalytic thinking with respect to femininity and heterosexual female sexuality. The early thinking on female psychology had been formulated by male analysts with a limited appreciation of women's subjective experience. However, because women could become psychoanalysts, writers such as Karen Horney (1967) and Juliet Mitchell (1974) were able to address and correct the many sexist assumptions.

In 1991, after a five year battle, Isay threatened to sue APsaA with the assistance of the American Civil Liberties Union (ACLU) unless it ceased its discriminatory policies towards LGBT individuals, both as patients and as clinicians. In the face of a lawsuit, APsaA capitulated and changed its position upon the pathology of homosexuality and began accepting openly LGBT applicants for training (Isay, 1996). Nevertheless, the IPA continued to resist and only relented against LGBT discrimination over a decade later in 2002.

The APsaA decision to move towards LGBT acceptance was fiercely rejected by Socarides and he quit the association and along with psychiatrist Benjamin Kaufmann, and psychologist Joseph Nicolosi founded the National Association for Research and Therapy of Homosexuality (NARTH) in 1994. There he continued his advocacy against the acceptance of homosexuality and offered conversion therapy in co-operation with Christian Ex-Gay organisations such as Exodus International (Socarides, 1995).

### Gay Affirmative Psychotherapy

Now that LGBT voices were no longer excluded from psychoanalysis, new theorists began to apply psychoanalytic ideas to the issue of LGBT experience in ways

that enriched understanding and offered treatment approached with the potential to reduce suffering.

Cornett (1993) offered his framework of *affirmative therapy* in which homosexuality and heterosexuality are viewed by the therapist as equally normal, desirable and potentially healthy. Cornett labels his model as *affirmative* in that it explicitly attempts to counter the homo-negative/hetero-normative bias of society. However, his stance of neutrality is more in accordance with the more balanced position advocated by Gonsiorek (1982; 1988) in contrast to the anti-diagnostic purely gay affirmative models advocated by the Radical Therapists that Gonsiorek critiqued. Nevertheless, the intent to mitigate experiences of intra-personal and inter-personal alienation accords with the Radical Therapists broader position regarding stigmatised groups (Steiner, 1969).

Cornett (1995) noted the central importance of the therapist being cognizant of the difficulty inherent in growing up gay, lesbian, or bi in a straight world. He notes how *alienation from the self* is a common issue for homosexual individuals due to the impact of familial and societal homophobia:

*Not only does the gay man face the inevitable traumata that are part of growing up with fallible caregivers, he faces narcissistic injuries specific to being homosexual in a heterosexual culture. If the boy intuitively senses his father's rejection because of his differentness, one potential source of mirroring is compromised. (Cornett, 1995, p. 40)*

Cornett argued for the particular usefulness of Kohut's (1971) Self psychology in understanding and treating this injury. A self-psychological stance facilitates the resolution of intrapsychic conflict, the repair of self-esteem, and the consolidation of identity that leads to an improved capacity for interpersonal relations, intimacy, and sexual fulfilment. Cornett (1995) also noted particular counter-transference challenges in working with gay men for both gay and straight clinicians. Exposure to the emotional experience and narrative of the client can arouse unresolved internalised homophobia in the therapist potentially leading to painful enactments that may need careful attention and repair given the attendant guilt, shame and anger that may be evoked in both the client and the therapist.



Lesbian authors Magee and Miller (1994) noted how little psychoanalytic attention had been paid to the issue of coming out for lesbian (and gay) clients. They highlighted how coming out is not a single developmental task but rather a life-long psychosocial process “through which identity is both created and revealed” (Magee & Miller, 1994, p. 481). Because sexual orientation is not self-evident (unlike gender or ethnic identity) they noted that lesbian women are forced to make choices, often on a daily basis, about “whether to reveal; when and how to reveal; how to weigh the consequences of the disclosure” (Magee & Miller, 1994, p. 483). They noted that tensions between urges to both disclose and conceal internal experience are also likely to emerge in the therapeutic relationship. Making sense of this ongoing coming out process is a unique dimension in working with LGBT clients and needs careful clinical attention due to the anxiety it produces, both in the client and the therapist.

### The Alien Self

In this section, I aim to highlight a particularly pernicious aspect of Bieber and Socarides theories that family constellations cause homosexuality. To do this, I offer a perspective on paranoia that draws upon mentalization theory.

Fonagy (2000) links impingements upon early attachment in the aetiology of borderline personality disorder and much of his theorising seems highly relevant to the issue of paranoia. He notes that if the caregiver’s response is strongly apparent but incongruent with the baby’s affect, the baby will identify with the incorrectly mirrored affect that he or she sees in the parent’s face and will begin to develop an *alien self*. If parenting is particularly abusive, significant pathology can develop in which mentalization and reflective functioning are inhibited as an adaptation to ward off the realisation of unbearable psychic pain.

Fonagy also acknowledges the transgenerational phenomenon in which impaired mentalization and reflective functioning in the parents is subsequently passed down to their children. In such families, parents may fiercely attack and undermine mentalization in the child due to the perceived threats to their own precarious mental functioning and the affects that they need to keep ‘walled-off’. This parallels Schatzman’s (1973) concept of paranoidogenic families and the Persecution of That process.

Fonagy et al. note that a common manifestation of the *alien self* is the externalisation of it i.e. the expectation to be attacked and humiliated:

*The alien self is so persecutory that its projection is a much more urgent and constant task. Any threat to self-esteem triggers this externalisation, which can, in turn, trigger an attack in the hope of destroying the alien other. (Fonagy et al., 2004, p. 381)*

They also note that insecurely attached children (and by extension adults) make continued use of the *psychic equivalence* mode of functioning. Psychic equivalence is characterised by the equating of inner mental reality and external outer reality. In this state, internal fears and negative self-related thoughts are experienced as *too real*. This can be both terrifying and result in unbearable feelings of badness. Alongside this is a marked intolerance of others perspectives – ‘only I know the solution and no-one can tell me otherwise’. The inability to maintain appearance-reality distinctions and holding on to false beliefs are core feature of paranoid delusions.

Given the central importance of traumatic attachment rupture in Fonagy et al.’s model, we can see how the theories of Bieber and Socarides were extremely harmful in essentially blaming and shaming the parents for the homosexuality of their child. The pattern of invalidation that can then ensue as the parents attempt to either deny or attack the same-sex desire of their child only drives them further apart and brings about the very rupture that Fonagy notes is so damaging.

## Chapter Summary

In this chapter, I have explored the time period of the 1980s onward which represents the Synthesis stage in reference to linkages between paranoia and homosexuality. I have detailed the conflict that continued for decades between the psychoanalytic and LGBT communities over institutionalised homophobia. I have also discussed writers that offer a more nuanced view of the complex interplay between individual and sociocultural factors in relation to paranoia and sexual identity and who have applied psychoanalytic concepts in ways that are beneficial to LGBT patients and their unique experiences.

In the next chapter, I will be offering my discussion of these findings in relation to my original research question and exploring their relevance to the wider psychotherapy community.

## Chapter 6 – Discussion

In this chapter, I will be offering a discussion of the research results and how they address my original research questions as well as their broader implications. I will speak to the relevance of these results to the psychotherapy community. I will explore the strengths and limitations of the research, and directions for future research.

This research was intended as a hermeneutic enquiry to explore the question “what does the psychodynamic literature say about the relationship between paranoia and sexual orientation?”

Gadamer notes that all understanding is partial and perspectival. We are powerfully influenced by our personal social context, yet we often fail to recognise our prejudice and the nature of our “historically-effected consciousness” (1982, p. 301). This is true both for our patients and for us as clinicians who theorise about them.

My paranoid clients were deeply impacted by the often discounted or dissociated events of their persecutory past. This left them locked inside a worldview dominated by the hermeneutics of suspicion. Their repeated familial experiences of mortifying humiliation and interpersonal rejection had produced the hypervigilant “never again” adaptation of paranoia that tried to avoid the pain of further experiences of shame. Their fears of me and the voices in the hallway had both *real* and *unreal* elements. Gadamer (1982) notes this process by which experience (or perception) is turned into meaning through the lens of our preconceptions, a *horizon* beyond which we cannot see clearly without significant conscious effort.

Similarly, Freud’s (1911) theorised linkage between paranoia and homosexuality is a mixture of both insight and misunderstanding. His notion that his patients’ paranoid fears might relate to their experience of ego-alien forbidden desires was useful. Yet as Niederland (1959) and Schatzman (1973) demonstrate, Freud failed to see that their feared persecution was not entirely delusional and had its genesis *outside* the individual. He missed the impact of the widespread familial and societal stigma attached to any deviance from a strictly reproductive heterosexuality at the time. Whilst Freud may have been comfortable with his sublimated homosexual component, upper-middle class European society most definitely was not.

## Of Least Parts and Greatest Wholes

Schleiermacher's (1998) concept of the hermeneutic circle speaks to the mutually constitutive interrelationship between parts and wholes in relation to deepening an understanding of texts. I believe this concept is highly relevant to understand the relationship between individuals (as parts) and the cultures that enfold them (as wholes) and the mutual influence of each on the other. As Gadamer (1982) notes, cultural traditions are reproduced across time through individuals. Yet theory from the discipline of classical psychoanalysis with its focus on the individual and theory from the discipline of sociology with its focus on larger groups and societal structures were not commonly linked. This historical accident is attributed to Durkheim, the father of modern sociology, and his desire to establish sociology as an independent human science separate from psychology (Scheff, 1997).

Thus the circle was broken and the gap in understanding remained. Bringing these two disciplines together is one of the strengths of this research and has led me to many insights that would otherwise be unavailable to me. This highlights the many benefits of the paradigm shift in psychoanalysis towards more relational and intersubjective understandings. Group analysis (Foulkes, 1964; Dalal 2002) in particular has also theorised deeply about the interconnections between the individual, the group and society, yet group analytic thinking is seldom referenced by relational psychoanalytic theorists (Hopper & Weinberg, 2017). Scheff also notes the importance of addressing this split in advocating for what he terms *microsociology* which is an interrelating of the least parts *and* the greatest wholes to reach a deeper understanding of disturbing human phenomena like war and oppression (Scheff, 1990, 1997, 2000).

## Shame as the Master Social Emotion

In bridging the gap between the twin spheres of the individual and society, Scheff (2003) highlights the importance of shame as the master social emotion that underpins the maintenance of human social bonds from infancy onwards. Shame functions both intra-psychically (between parts of the self) and inter-personally (between the self and others). Scheff notes how attention to shame had become largely absent from mainstream Western discourse citing Kaufman "The taboo on shame is so strict ... that we behave as if shame does not exist" (1989, pp. 3-4).

Scheff (2003) draws on the work of psychoanalyst Helen Lewis who wrote on the ubiquity and impact of unacknowledged shame in therapy, both in the client and the therapist. Lewis (1971) noted how this could result in what she called 'feeling traps' which often underpinned impasses and ruptures in therapy. Scheff terms one such 'feeling trap' the *shame-shame spiral* characterised by an internal vicious circle of initial shame compounded by further shame about shame. This process can lead to social withdrawal alongside intense distress and ultimately suicide. He also offers the concept of *shame-rage spirals* in which shame is transformed into rage at another who is shamed in response. The originator may then feel further shame about their outburst or the shamed other may respond in kind. This can lead to an interlocking and escalating shame-rage spiral *between* the pair and is often the flashpoint for abuse and violence (Scheff, 2000).

Scheff links the modern taboo on shame to Elias's concept of the *civilising process* (Elias, 1994) which unfolded in the era of industrialisation in Western European society. This social construction of morality involved a sense of good/enlightened/industrial humanity distancing itself from a bad/primitive/agricultural animal nature to create the well-mannered productive citizen. Elias traces this process through the etiquette manuals common to the period in which a pattern of ever-increasing shame about sexuality developed alongside a clear discouragement against talking about it. This societal anxiety and taboo underpins the moral panics about masculinity and sexuality kindled in the Victorian era which I have recounted. Desire in all forms became increasingly taboo and thus needed to be disowned and displaced:

*The socially constructed category of homosexual functions as a projective depository for numerous unarticulated feelings: its particular negative valence arises precisely because so many unarticulated feelings have been condensed into it and can be represented by it. Through the mental mechanisms of splitting and projection we can unconsciously assign feared and hated aspects of our self to an Other, or to a group of Others. (Magee & Miller, 1997, p. 140)*

In this way, Magee and Miller highlight how 'polite' society used LGBT individuals as a receptacle for all the sexual 'transgressions' that they were required to deny desiring themselves – sex for pleasure, sexual novelty, and same-sex eroticism.

## A Queer Reading of Rado, Bieber, and Socarides

In this section, I will be inverting the societal power relationship in which straight authors speculate about the internal worlds of LGBT individuals. I will be drawing upon theory I have explored in prior chapters to 'queer' and interrogate the psychology of individuals whose writings have advocated homophobic perspectives. In doing so, I acknowledge that this is only one possible reading of their minds viewed through the lens of my literature engagement and personal reflections.

Stolorow and Atwood (1993) note that any psychoanalytic theory is partly autobiographical to the theorist in that the structure of their metapsychology will often parallel the structure of their subjective worldview showing the influence of critical events that occurred in their formative years.

So what might this research and recent psychoanalytic theory possibly reveal about what might be happening *inside* the minds (the least parts) of those stridently homophobic moral entrepreneurs who kindled such damaging historical moral panics (the greatest wholes) in society generally and particularly within the psychoanalytic community?

Adams, Wright and Lohr (1996) provide evidence that the most homophobic individuals are reacting against their own denied ego-alien desires. They cite Slaby (1994) in arguing that "anxiety about homosexuality typically does not occur in individuals who are same-sex oriented, but it usually involves individuals who are ostensibly heterosexual and have difficulty integrating their homosexual feelings or activity." (Adams et al., 1996, p. 441). They also cite earlier psychoanalytic theorisation in observing that such individuals "when placed in a situation that threatens to excite their own unwanted homosexual thoughts, they overreact with panic or anger." (West, 1977, p. 202). Essentially, these particularly homophobic individuals experience both opposite-sex *and* same-sex desire and hence are likely bisexual, possibly scoring 1-3 on the Kinsey Scale. Due to the unfortunate phenomenon of bisexual erasure within both the straight and gay communities (Yoshino, 2000), bisexual individuals grow up without an affirming narrative framework to make sense of their internal experience of diverse desire. I believe this deficit then drives the cycle of repeated ineffective attempts to disown their desire and attack it in others with tragic consequences for themselves and

others. An enduring engagement in end-justifies-the-means style moral advocacy that focuses on the purported threat represented by homosexuality and lobbying for persecution of the LGBT community fits with this pattern of disavowal and hostility.

Rado's strident repudiation of Freud's notion of universal bisexuality and his argument that analytic assertions that normal people had any homosexual component must cease could be viewed as indicative of a personal difficulty with same-sex desire. Was the "needless discouragement and panic" (Rado, 1940, p. 466) that he claimed patients experienced a veiled reference to profound distress at this being alluded to in his own analysis?

Similarly, Bieber et al.'s (1962) model of homosexual aetiology was intended as a rejection of Kinsey et al.'s (1948) model of male sexuality, not just in terms of biological innateness but also denying the prevalence of bisexual desire. Furthermore, their concept of the pathological family constellation of the close-binding mother and ineffectual father is also suggestive of personal anxiety about challenges to hegemonic masculinity (Connell & Messerschmidt, 2005) in problematizing women having *too much* influence and power within the family. Butler (1990) notes how homophobic individuals often police deviance from *gender* norms due to their personal anxiety about deviance from *sexual* norms.

The most homophobic of psychoanalytic theorists I encountered is Socarides who has essentially devoted his career to the 'problem' of homosexuality. So great was his fear of homosexuality that his stance led to the sacrifice of his relationship and standing within the psychoanalytic community and also his paternal bond with his own son who identifies as gay. Yet there is something paradoxical about a man spending over 30 years in the psychologically intimate company of gay and bisexual men painstakingly exploring every detail of their sex lives intermixed with his theories about changing them. Socarides clearly identifies and empathises with men who are attempting to deny their same-sex desire and commit to heterosexuality. He idealises this pursuit as a noble one and fiercely denigrates those men who reject it. Is that because their struggle was also his struggle?

Socarides claims that 'obligatory homosexuals' are compelled to repeatedly seek same-sex experiences to temporarily 'prop up' their sense of impaired masculinity.

Might this be interpreted as a disguised statement about Socarides himself, and what could be thought of as an 'obligatory homophobia' in which he is compelled to repeatedly offer reparative therapy to men to temporarily alleviate his own sense of precarious hegemonic masculine heterosexuality?

Also of interest is Socarides's addition of pre-oedipal sexual fixation into Bieber et al.'s model, asserting that childhood sexual assault plays a part in causing homosexuality. The linkage between homosexuality and paedophilia has long been discredited: "There appears to be practically no reportage of sexual molestation of girls by lesbian adults, and the adult male who sexually molests young boys is not likely to be homosexual." (Groth & Gary, 1982, p. 147)

So whilst there is no evidence that same-sex childhood sexual assault causes homosexuality, a quantitative empirical study (n=74) by Gold, Marx, and Lexington (2006) provides evidence that it does cause high levels of internalised homophobia. Tragically, an empirical study (n=29295) by Johnson, Matthews and Napper (2016) noted that gay men and bisexual men and women, but not lesbians, are at higher risk of experiencing sexual assault, and this is partly due to others' attitudes towards their orientation. These individuals then have to deal with the combined societal stigma towards both sexual assault and same-sex behaviour and can come to mentally link the two phenomena. This is especially troubling for adolescents and young adults attempting to make sense of their same-sex attractions. Something healthy and innate can become contaminated by the actions of the perpetrator (Balsam, 2003). All the hostility and aggressive 'badness' of the perpetrator becomes associated with the presumed 'deviant' orientation. Socarides' view of homosexuals as being full of aggression and incapable of love could be queried as a similar kind of conflation.

Socarides' treatment technique involved denigrating the patient's intrusive mother and ineffectual father and encouraging an identification with the moral and wise analyst: the 'good father' (Socarides, 1978). Socarides would cast the patient's homosexual behaviour as inappropriate compliance and submission to powerful and threatening same-sex figures. Yet in pursuing heterosexual acts, the 'cured' minority (Socarides claimed a 33% success rate) had arguably fashioned a 'false self' (Winnicott, 1965) and submitted to the powerful same-sex analyst to secure their conditional approval and to avoid abandonment. For the unsuccessful 67% whom Socarides doesn't



discuss, Mitchell (1981) notes how they were often left with “a profound sense of failure, shame, and self-hatred, and a deep cynicism about the analytic process” (p. 45). This treatment is profoundly unethical and likely represents an injurious re-enactment of the LGBT patients’ invalidating family dynamic.

As well as their impact upon their patients, Bieber and Socarides also functioned as moral entrepreneurs within the psychoanalytic community influencing other analysts and institutional attitudes which led to the discrimination against LGBT applicants. This exclusion of LGBT voices prevented any form of self-reflexive *conversation* (Gadamer, 1982) thereby entrenching homophobic ideas from the 1960s in psychoanalysis for decades after wider societal notions had shifted. Richard Isay’s actions which forced the institutes to explicitly counter the homophobic introject can be viewed as a societal parallel with Cornett’s (1993) gay affirmative model. Cornett argues that individuals experiencing marginalisation will not interpret analytic silence as ‘neutral’ but rather as supportive of the societal status-quo, hence the need to explicitly counter that position.

### Limitations of this Research

In reflecting on the limitation of this research, it is hard not to notice how the psychoanalytic literature about ‘homosexuality’ has historically been dominated by straight-identified men. Similarly, their theorising and pathologisation is focussed on the ‘problem’ of male homosexuality. When lesbianism and women’s experiences are mentioned, it’s often brief and to assert the validity of an extension of a male-centric model with the genders flipped. Indeed, Kenneth Lewes (1988) landmark book was titled *Psychoanalysis and Male Homosexuality* for this very reason. My background and initial interest in this topic also came from working with gay and bisexual men and my perspective is also that of a male. As such, the question remains as to how applicable my research is with respect to lesbian and bisexual women’s experience, both of paranoia and also of societal homophobia. The tendency to assume that male models can be applied to female experience is a troubling one and not one I wish to perpetuate.

Whilst not speaking directly to paranoia, O’Connor and Ryan (1993) and Magee and Miller (1997) offer detailed critiques from a lesbian perspective of the equally pathologising psychoanalytic beliefs regarding same-sex desire amongst women which

was similarly linked to notions of impaired femininity, assumed developmental deficits, or viewed as a gender identity disturbance. O'Connor and Ryan (1993) note the pervasive *silence* regarding lesbian desire which stands in contrast to the explicit societal attacks on male homosexuality. Magee and Miller (1997) argue that historical societal anxiety about lesbian desire has been so great as to render it *unspeakable*. Clinical accounts of lesbian therapeutic experiences speak less about paranoia and more about dissociative phenomena including forms of 'forgetting' in which the same-sex desires of the patient are left largely unexplored. Horowitz (2000) characterises this as a form of 'countertransference amnesia' in the therapist which re-enacts the societal silencing of lesbian experience within the therapeutic relationship.

Similarly, the literature I've included is largely written by white and Western authors. As such, the relevance to Māori, Pasifika, and other indigenous communities and their unique understandings of sexuality and gender is uncertain. The Māori concept of Takatāpui (a devoted partner of the same-sex) and the Samoan concept of Fa'afafine (a third gender where a male child is viewed as having both feminine and masculine traits) seem especially relevant in the context of Aotearoa. Further, the intersectional impact of colonisation upon indigenous sexualities warrants further exploration.

The nature of hermeneutics privileges my own subjectivity. My theorising about Bieber and Socarides' internal world is based upon inferences of unconscious content 'underneath' their writing. I note the parallel to Freud's original paper which was purely based upon interpretations of Schreber's memoirs. I do not know the details of Socarides' formative years and am similarly speculating. I acknowledge this is a highly subjective endeavour, as Freud did, albeit one informed by my theoretical understanding of internalised homophobia. Similarly, in privileging the importance of bisexual erasure as a factor in the perpetuation of societal homophobia, I accept that this is likely coloured by the importance bisexual erasure has played in my own development and sense of identity. Ultimately, hermeneutics is not about a positivistic search for 'Truth' but rather an engagement with literature and a call to thinking and reflection upon the unavoidable process of interpretation. I have endeavoured to share my process about how I came hold this particular perspective or horizon with all its strengths and limitations.

## A Psychoanalytic Continuum Model of Homophobia

In this section, I outline a model of homophobia which I have synthesized from the research findings. I have drawn on McWilliams's (2014) levels of functioning (i.e. healthy, neurotic, borderline, and psychotic) and a range of literature contrasting different perspectives on homophobia (Herek, 2004; O'Brien, 2015; Tomsen, 2006; Weinberg, 1972). I believe that it is useful to view homophobia as a form of paranoid functioning. For someone growing up and living in a non-supportive environment, becoming aware of same-sex desire causes confusion or anxiety which is then defended against using a variety of psychic mechanisms. The more severe the anxiety and the greater the sense of threat to the self, the more primitive the forms of defence mechanism used to cope per McWilliams's typology of functioning.

Table 1.

*A Psychoanalytic Continuum Model of Homophobia*

Level	Domain	Proposed "Remedies"	Level of Functioning	Defences against Same-Sex desire in self and others
3	Sinner	Death, Imprisonment	Psychotic	Omnipotent Control, Extreme Devaluation and Withdrawal
2	Sick	"Treatment", Torture	Borderline	Projection, Splitting, Dissociation, Acting Out
1	Immature	Silence, "Tolerance"	Neurotic	Sublimation, Compartmentalisation
0	Normal	Acceptance, Empathy	Healthy	Identification

At level 0 (healthy), same-sex desire is seen as normal and acceptance and empathy are felt towards LGBTQ+ individuals due to identification and conscious acknowledgement of any same-sex desire felt. Heterosexism represents the level 1 (neurotic) form of homophobia in this model in which ignorance of same-sex desire and assumptions that everyone is straight leads to awkward silence or pity and 'tolerance' of individuals who haven't quite 'matured' (Freud, 1905) or aren't fully 'normal'. Any same-sex desire in such individuals is successfully sublimated or compartmentalised

away from consciousness without undue distress. Increasing distress about same-sex desire and notions that it represents sickness characterises the level 2 (borderline) form of homophobia. Same-sex desire is disowned and projected or dissociated. Psychological splitting leads to views of all-good 'straights' pitted against all-bad 'gays' and can lead to acting out in the form of verbal and physical abuse directed at LGBTQ+ individuals. This can be seen in attempts to 'treat' such desire via various forms of physical or psychological torture (castration, electroshock, 'conversion' therapy, etc.). In the level 3 (psychotic) form of homophobia, same-sex desire is seen as a moral evil, something so 'bad' that it must be kept away from everything 'good' lest goodness be destroyed. Irrational fears that divine retribution in the form of natural disasters or terrorism will befall those who tolerate same-sex desire within their midst leads to a desire for omnipotent control in the form of death or imprisonment of LGBT individuals.

### Towards a Psychosocial Model of Homophobia

In this section, I outline an overarching psychosocial model of homophobia in which I highlight the underlying structural similarities between a number of psychoanalytic and sociological models drawn from the research literature.

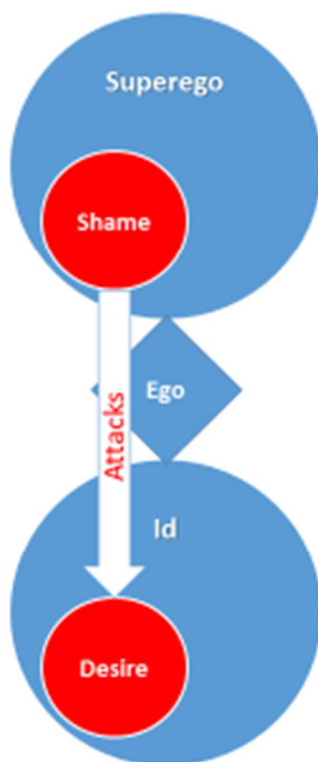


Figure 1. The Alien Self

In figure 1, Bateman and Fonagy's (2006) concept of the alien self when applied to internalised homophobia can be viewed as a process in which an individual's superego attacks their innate same-sex desire due to the presence of profound feelings of shame. The resulting intrapsychic conflict causes unbearable intrapsychic pain and anxiety.

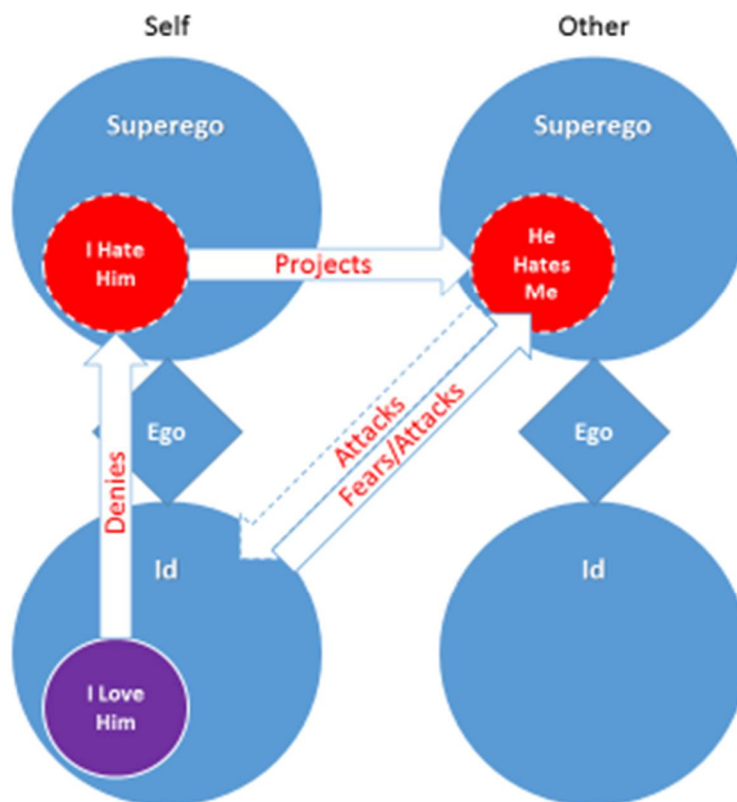


Figure 2. Paranoid Homosexuality

Freud's (1911) model of paranoid homosexuality might find 'secondary autonomy' (Mitchell, 1978) despite its awkward roots by re-viewing it as a model of the projection of internalised homophobia. In figure 2, unacceptable shameful same-sex desires rejected by the punitive super ego are attributed to others who are then reacted to with hostility and fear – an interpersonal shame-rage spiral per Scheff (2000). Taking this as the intrapsychic *micro* model, I believe this shame-based relational pattern between parts of the self then repeats at increasingly larger scales.

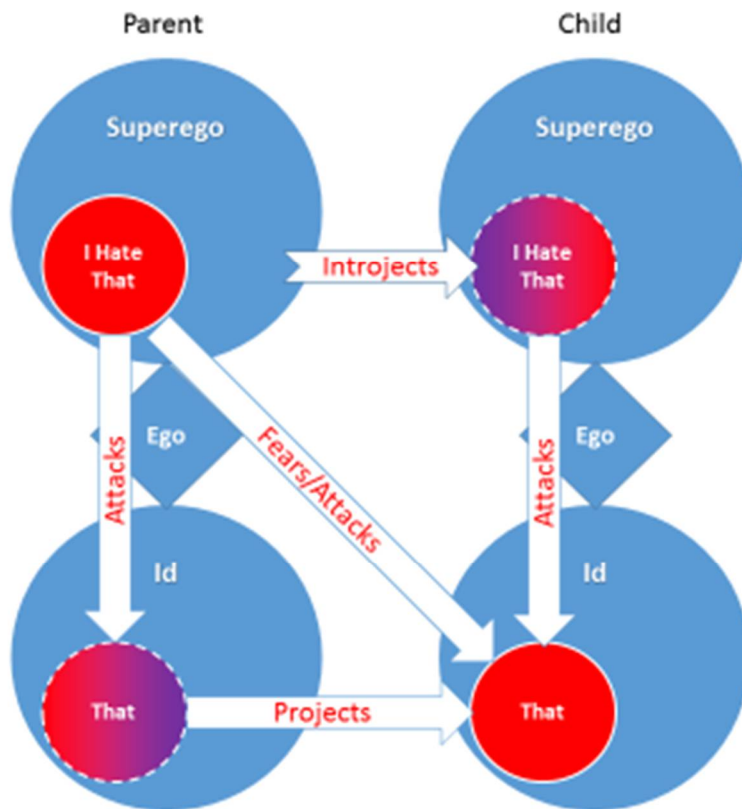


Figure 3. Persecution of That

In figure 3, what was internal conflict is now replicated at an intra-familial *mezzo* level in Schatzman's (1973) model of the persecution of That which results in children introjecting the punitive super-ego of their parents and developing great distress about shamed desires of their own which they become alienated from.

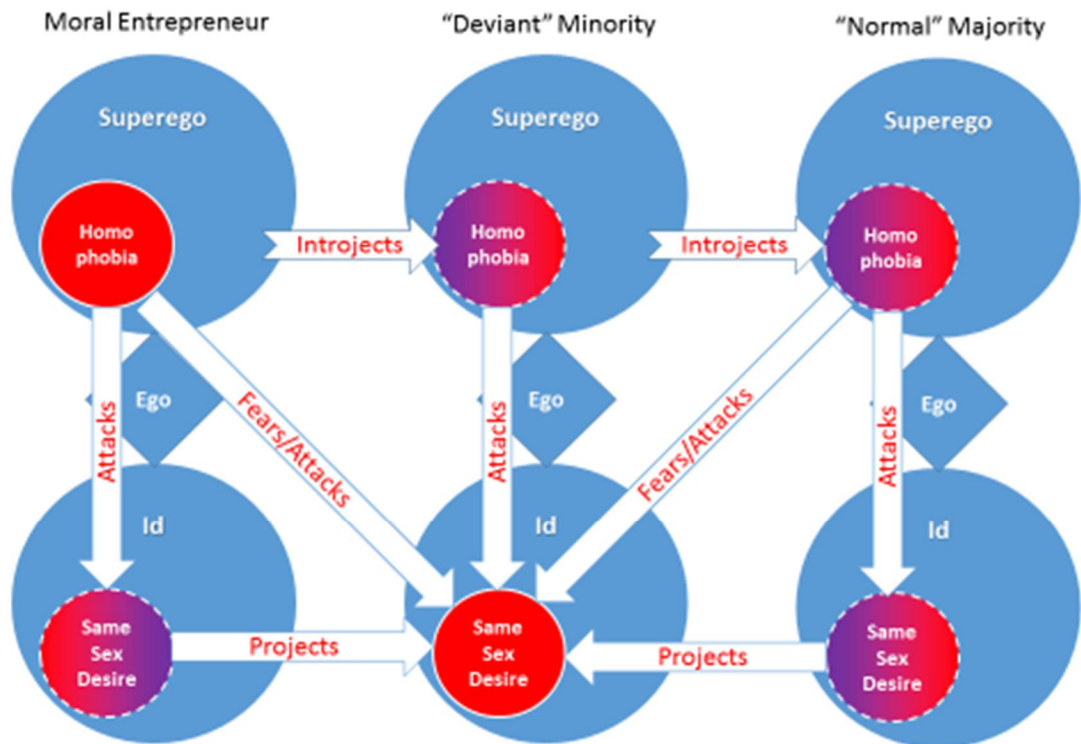


Figure 4. Moral Panic

In figure 4, this shame-based relational pattern can be seen at the intra-societal *macro* level in Cohen's (1972) model of moral panics in which homophobic moral entrepreneurs cause whole communities to collude in the group persecution of LGBT individuals as happened in the psychoanalytic community. The distorted informational afterglow of these moral panics creates a background of negative societal attitudes to same-sex desire which is then introjected by individuals and family groups and thus the homophobic system replicates itself down through future generations.

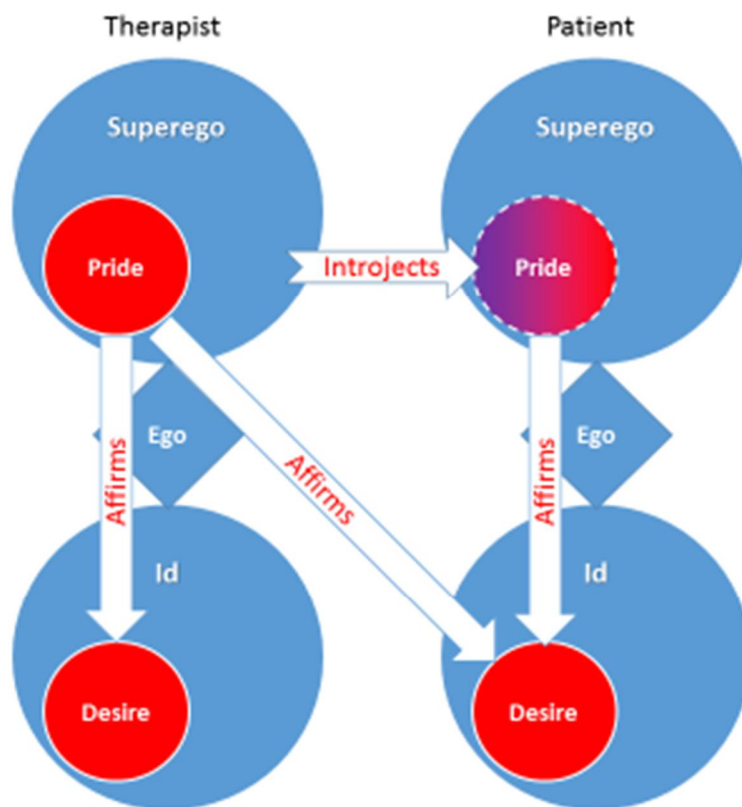


Figure 5. Gay Affirmative Therapy

In figure 5, I show how Cornett's (1993) LGBT friendly treatment model can be viewed as an explicit countering of Schatzman's (1973) familial persecution of that process. Here we have an 'affirmation of That' process which allows the patient to diminish the punitive super-ego and introject feelings of validity and pride about their same-sex desire which are no longer experienced as alien thus repairing the injury to the self.

### Implications for Psychotherapy Practice and Training

I believe my research highlights the importance for therapists working with LGBTQ+ clients to think systemically about the relational context in which they and their clients live and how the homophobic system operates. Whilst a therapist can reduce the level of internalised homophobia experienced in their client, if that client is still living within a homophobic family system, their social ecology is likely to continue to trigger and reinforce their homophobia leading to depression, distress and heightened suicidality. As such, it is not sufficient to focus purely on intra-psychic work. The therapist need to reflect with the client on how their family system impacts on them and how that



can be mitigated. Depending on the level of homophobia in the family, systemic work involving the family might be possible. When such systemic work is not possible, encouraging and supporting the client to develop more affirming relationships outside the family becomes critical to maintain their wellbeing.

With respect to psychotherapy education and professional development, I believe it would be beneficial to include these frameworks alongside an acknowledgement of the unconscious heteronormative assumptions that have influenced much psychoanalytic theory and practice. Lewes (2008) notes how psychoanalysis seems to have shifted from explicit pathologisation of same-sex desire to a place of anxious and embarrassed silence. An open acknowledgment of how psychoanalysis actively contributed to societal persecution of LGBT individuals conflicts with the profession's image of the compassionate clinician who works to reduce suffering. However, this unfortunate silence makes it likely that many students and clinicians have a limited understanding of how homophobia functions or what relevance it might have to their practice. However, as Magee and Miller (1994) note, not having to think about societal homophobia and its impact is a psychological luxury that is unavailable to LGBT individuals.

### Directions for Future Research

The further exploration of the parallels between intra-psychic and intra-societal processes that I am drawing here and their implications for the wellbeing of LGBTQ+ individuals are useful directions for further research. Another possible research direction would be explorations of their applicability to the experiences of other marginalised groups in society, such as indigenous and ethnic minorities. Bentall et al. (2001) note how recent psychiatric thinking has also begun to acknowledge the impact of real persecution in the genesis of paranoia. They cite the higher incidence of paranoia in Afro-Caribbean individuals living in the UK compared with those still living in the Caribbean and link this to the psychological impact of repeated experiences of racism.

Given that this research and Group Analysis draw upon similar sociological thinking, exploring the parallels between the two is likely to be fruitful. Dalal (2002) offers his concept of *racialisation* and cites the importance for therapists to acknowledge to their clients the reality of racism both outside and inside the therapy room if the therapy is to be both ethically sound and effective.

## Concluding Remarks

Whilst initially my interest was in understanding what I was viewing as an intrapsychic process of paranoia, through this research I have now been able to re-view and locate that experience within the context of the inter-personal and inter-societal phenomenon of homophobia. I have also come to an understanding of homophobia that is located within broader societal discourses about gender and sexuality and ideas of normativity and deviance.

Through the interplay of psychoanalytic and sociological models, I have offered my understanding of how these homophobic processes 'fit together' and thus endure across time. I have shared my arguments for the recognition of how bisexual erasure is powerfully implicated in causing individuals to become deeply alienated from their same-sex desire and thus become moral crusaders against such desire in others. I have outlined the limitations of the subjective nature of this form of research and acknowledged my own 'historically-effected consciousness'.

By openly acknowledging the ethical and theoretical errors of its past relationship with homosexuality and LGBTQ+ individuals, and by facilitating historical reflection for new generations of trainees and students, psychoanalysis might better fulfil its promise to be the liberatory and emancipatory project that Freud intended for all of us.

“Why?”

You in your false securities

Tear up my life

Condemning me

Name me an illness

Call me a sin

Never feel guilty

Never give in

Tell me why?

(Bronski Beat, 1984)

“Same Love”

And I can't change

Even if I tried

Even if I wanted to

My love

My love

My love

(Macklemore & Ryan Lewis, 2012)

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