

gerbil, carp, and lizard; but above all *Equus przewalskii*, the only species of horse that survived undomesticated into modern times and caused a major revision of the evolutionary history of the animal.

With Fyodor Eklon, whom he met in the summer of 1875, he had a liaison that lasted until the summer of 1883, when the youth summoned up the courage to tell him that he was to be married and that he could not accompany him on the next expedition to Tibet. This confession led to a bitter scene and rupture, as Przhevalsky never forgave the women who deprived him of the male companionship that he needed. But in the winter of 1881–82 he met a distillery clerk, Pyotr Kozlov, who proved to be “the young man who had been eluding him all his life: alert, submissive, loyal and handsome.” Kozlov not only accompanied his protector on his last and most important journeys, but after his death went on to a distinguished career of his own as explorer, archeologist, and author of travel books. He also fulfilled the dream that his mentor’s premature death prevented him from attaining: to visit the forbidden city of Lhasa and meet the Dalai Lama.

Przhevalsky was a hunter and explorer who revived an almost archaic homosexual personality type: that of the leader who willingly faces hardship and danger with only other males as companions, and a younger male as his beloved protégé.

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PSYCHIATRY

The discipline of psychiatry addresses the problem of mental illness and its treatment, in contrast with **psychology**, which is the academic study of mental processes and functions in human

subjects. There is an assumption on the part of the public—and often of psychiatrists themselves—that anything with which psychiatry deals falls into the category of the pathological. The profession of psychiatry has not always been interested in the phenomenon of homosexuality, and when it has considered the subject its approach has not been detached and impartial, but reflected prevailing social attitudes, derived as these were from the cultural and religious beliefs of the community.

Origins of Psychiatry’s Concern with Homosexuality. It was only in the last third of the nineteenth century that psychiatry began to study what it called “sexual inversion,” and it did so not spontaneously, but at the prompting of the earliest spokesmen for the emerging homosexual liberation movement, Karl Heinrich Ulrichs and Károly Mária Kertbeny. Thus it was not the psychiatrist’s own insight, or the data collected from patients under observation, that enabled such authors as Karl Friedrich Otto Westphal and Richard Freiherr von Krafft-Ebing to reach the formulations which they published in their pioneering papers, it was the claim of homophile writers that there were human beings without attraction to members of the opposite sex, but with a paradoxical inborn attraction to members of the same sex which they experienced as perfectly natural and consonant with their inner selves.

However, the character of the patient universe from which the earliest cases were drawn—mainly individuals observed in prisons, psychiatric wards, and insane asylums—led the psychiatrists to hold that sexual inversion was, if not an illness itself, at least a symptom of a psychopathic personality. At first homosexuality was thought to be an extremely rare condition: in fact the book published in 1885 by Julien Chevalier, *De l’inversion de l’instinct sexuel*, listed the total number of known cases in the entire world—35! At that time the paper which Vladimir

Fiodorovich Chizh had read in St. Petersburg in 1882 was still unknown in Western Europe; in it the author remarked that so far from being rare, the phenomenon in question could account for many of the cases of pederasty that daily came before the courts.

From the outset of the discussion in modern times, psychiatry has found itself in an ambivalent position: on the one hand, it sought to present itself to an increasingly secular society as an objective discipline that could replace the traditional moral authority of the **Christian** church—and for many the psychiatrist took the place of the confessor in the religious culture of the past; on the other hand, it found itself invoked as a source of scientific authority by the church itself to bolster its “revealed” teachings on the subject of sexual morality. Caught between two fires, most psychiatrists have opted for one party or the other; and by and large those who accepted the principle that homosexuality was inborn and unmodifiable have supported the homosexual emancipation **movement**, while those who believed that it was an acquired condition, a pathological fixation, a mental illness have sided with the theologians and formulated their judgments in terms that amounted to condemnation, when they did not openly reaffirm the traditional attitudes.

Homosexuality as a Congenital vs. Acquired Condition. At the moment when Krafft-Ebing summarized the early papers that had appeared in psychiatric journals between 1869 and 1877, psychiatry was so strongly influenced by the belief in the congenital origins of mental illness that homosexuality quite effortlessly fell into this category. His views were echoed by many others down to the early decades of the twentieth century: Arrigo Tamasia, Julien Chevalier, Albert Moll, Paul Näcke, Havelock Ellis. Only at the end of the nineteenth century did the pioneering work of Albert Freiherr von Schrenck-Notzing in the use of hypnosis open the way to a developmental theory of sexual

orientation in which **Freudian** psychoanalysis was to occupy a prominent place. **Psychoanalysis** began as a particular method for the treatment of mental and emotional disturbances that were psychogenic in origin, but expanded into a psychology of all “unconscious” mental processes, including those of normal individuals. The psychoanalytic school claimed rather that homosexuality was the outcome of faulty psychological development in childhood, that it represented an inhibition of the heterosexual potential present in all human subjects. Thus homosexuality tended rather to be classified as a neurosis or as the expression of a neurotic personality disorder than as an erotic monomania.

Forensic Aspects. The forensic evaluation of homosexuality has had its own history since the 1870s. On the one hand, psychiatric testimony was at times introduced in trials for sodomy with the aim of proving that the defendant was suffering from a mental illness that diminished or abolished his legal responsibility; on the other, the notion that the homosexual was a “psychopathic personality” led to the introduction of many disabilities in civil and administrative law that were added to the criminal statutes already in force. In the English-speaking world the latter trend actually made the legal position of the homosexual even worse than it had been when the defendant was simply “guilty of unnatural vice.” Down to the 1960s the psychiatric profession remained largely indifferent to the legal problems of the homosexual, even if individual psychiatrists would at times testify on behalf of a particular defendant. The fact that psychiatrists obtain the largest segment of their referrals from the clergy made them unwilling to argue for a change in the traditional punitive attitudes, or for liberalization of the statutes which maintained penalties for private sexual acts far more severe than those for such crimes as armed robbery or beating or neglecting a small child. As late as 1956 a report by a group of

American psychiatrists could criticize the law only on the ground that "some innocent persons" might be punished.

Psychiatric "Cures" vs. Gay Rights. Also included in the psychiatric confrontation with homosexuality was the matter of enforced therapy—individuals required by court order to undergo psychiatric treatment, or in other cases compelled by their parents to submit to therapy for their unwanted "tendencies." This treatment could take exceptionally cruel and humiliating forms, including shock therapy and other painful procedures designed to create an aversion to homosexual stimuli.

Even when the *Wolfenden Report* (1957) heralded the movement for criminal law reform, the psychiatric profession remained indifferent, insisting only that homosexuality was "a serious disease" and that measures had to be taken to combat its spread. It was the gay liberation movement itself that had to rouse the psychiatrists out of their inertia, and specifically put pressure on the American Psychiatric Association to drop homosexuality from its roster of mental illnesses—which it did in 1973. In 1986 even the substitute "ego-dystonic homosexuality" disappeared from the list (DSM-III-R). The importance of this change, as mentioned above, was that in the meantime the notion of homosexuality as disease had been used to deny homosexuals a whole range of civil rights, including immigration, employment, adoption, service in the armed forces and other benefits accorded to the rest of the population. But the decision of the American Psychiatric Association was more the outcome of political pressure and manipulation than an expression of the sincere belief of the members. The psychiatrists who have been the most outspoken in proclaiming homosexuality to be a "disease"—Edmund Bergler, Abram Kardiner, Irving Bieber, Charles Socarides—usually express reservations if not outright opposition to any demand for gay rights in the sphere of civil or admin-

istrative law—a clear proof that their belief rationalizes the traditional condemnation of homosexual expression by Judaism and Christianity.

A number of psychiatrists have claimed success in "curing" homosexuality, but their results have been questioned on a number of grounds, including the lack of follow-up studies. In some instances the individual merely became far more inhibited in expressing his homosexual desires, which is to say more guilt ridden and unhappy than before. Nearly all practitioners conceded that only carefully selected subjects could benefit from their proposed therapy; Edmund Bergler, for example, maintained that the patient had to experience conscious guilt over his homosexual practices. Many practitioners would admit that some foundation of heterosexuality is necessary for even a temporary "cure" to be effected; that is to say, they choose to treat bisexuals in whom it is possible to suppress one side of the equation. There are few, if any, well attested cases of permanent reversal from complete homosexuality to complete heterosexuality. In any event, the inability of the psychiatrists to distance themselves from traditional morality has often been striking, even if they were oblivious of the normative dimension of their practice.

Exclusion of Homosexuality from the Realm of Mental Illness. The contemporary gay liberation movement has been characterized by an effort to remove the stigma of "mental illness" from homosexuality and therefore to renounce any benefits that might have accrued from the appeal to psychiatry as a shield from the law. The virtual cessation of prosecutions for consenting homosexual activity between adults has made this degrading démarche a thing of the past. A number of psychiatrists now practice a line of therapy that enables the patient and his family to accept the homosexuality as an integral part of his personality, and then to optimize his personal adjustment to a society with many vestiges of intolerance. Self-

acceptance and openness are recognized as preferable to a forced adherence to the ascetic morality once regarded as the absolute norm.

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PSYCHOANALYSIS

Psychoanalysis is the movement that takes its start from the ideas set forth by Sigmund Freud at the turn of the present century. The movement, which has had a vast influence on many realms of modern thought, remains hard to classify. The lay public tends to confuse it with **psychology**, yet academic psychologists remain among the most determined doubters of the value of psychoanalytic techniques and concepts. Although psychoanalysis claims to be a form of mental therapy—indeed the only truly serious one—the efficacy of its procedures in promoting mental health has never been conclusively demonstrated, and indeed an increasing number of observers question whether they possess any intrinsic therapeutic value. The popular mind associates the views of Freud and his followers with sex, believing that psychoanalysis is centrally concerned with the erotic, or that it was the first discipline to discuss the matter in an ordered way. These assertions are false. Freud actually arrived as a late-comer at the crest of a period of sex research, the main center of which lay in Berlin, not in Vienna. Moreover, the views of Freud and his followers are addressed primarily to nonsexual issues. In addition to its concern with the mind, psychoanalysis also has a metapsychological side, in which it

offers views and speculations on human destiny and the nature of civilization. Finally, psychoanalysis has had an enormous influence over modern literature and art, where it may be said to play a role similar to that of **mythology** in the creative work of classical Greece and Rome. Increasingly questioned by scientists, the lasting significance of psychoanalysis is now seen more and more to reside in this cultural realm.

History. Freud founded the Vienna Psychoanalytic Society in 1902 and the International Psychoanalytic Society in 1910. His organizations attracted a number of talented followers, but their history was marred by defections, notably those of Alfred Adler in 1911 and Carl Gustav Jung in 1914. Although, as has been noted, Freud's theories are not exclusively or even centrally sexual, he rightly criticized both men for their excision of the sexual element from psychoanalysis.

At first psychoanalysis was largely restricted to German-speaking countries, but it was diffused to some extent in France thanks to the work of Marie Bonaparte and in England through Freud's faithful follower Ernest Jones. Although Freud visited the United States in 1911 (in the company of Jung), he came to dislike the country, in part because of personal financial losses in World War I.

On at least two occasions, in 1905 and 1935, Freud gave statements that were remarkably sympathetic to homosexuals as individuals. The lesbian tendencies of his favorite daughter Anna (which were quietly, though discreetly acknowledged in his immediate circle) may have helped to soften his views. Yet, when all is said and done, his theory relegates homosexuals to a category of the mentally second class. Human psychosexual development Freud sees as an arduous journey through the oral and anal to the mature genital stage, which he equates with heterosexuality. Instead of obeying the summons to complete this journey, homosexuals have lingered along the way. Important psychic