

silence and the hypocrisy of the past—potent factors in isolating homosexuals and driving them to self-destruction.

Comparative Perspectives. Social attitudes toward suicide have varied greatly over the centuries. Severely condemned by Christianity, suicide has been in other cultures regarded as a heroic way of ending one's earthly existence, almost as a defiance of the fate that would have doomed the subject to prolonged unhappiness or physical pain. In circles such as the Japanese *samurai*, with a strongly homoerotic ethos, suicide could even be part of the warrior's code of honor, in particular when a page did not wish to survive the knight whom he had accompanied on the field of battle, or vice versa. Suicide might therefore also be reckoned for situations in which one of a pair of lovers has sought death in war or some especially dangerous mission with the implicit wish that his sacrificial act should reunite him with the other. Suicide missions undertaken for patriotic or ideological motives are the heroic and self-sacrificing facet of the subject, and one that fills the pages of history with deeds of glory.

The literature on suicide includes some classic sociological writings in which the topic of homosexuality never appears, but the invisibility of the motive to outsiders did not mean that it was inoperative. Of course, homosexuals could commit suicide for reasons wholly unrelated to their sexual orientation, just as could others overwhelmed by the difficulties and sorrows of life, or simply the desire not to be a burden to one's family and friends. Suicide is part of the tragedy and the heroism of human existence, and as a resolution of life's dilemmas it will remain a finale of the human condition chosen by homosexuals and heterosexuals alike.

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SULLIVAN, HARRY STACK (1892–1949)

American psychiatrist. Throughout his life Sullivan had to struggle with emotional problems in his relationships with other human beings, and these struggles in turn had a marked effect on the psychiatric concepts that he evolved. But for just this reason he was never detached from the problems of the patients he was studying.

Born in Norwich, a small town in upstate New York, to an Irish Catholic family, he had a shy, inept father who dwelt on the margin of his son's life, while his mother poured out on the boy all of her resentment at her unhappiness and low social status. Sullivan was a socially awkward boy who felt rejected and ostracized by other children. Scholastic excellence won him esteem, but it further isolated him from those around him. At the age of eight and a half he formed a close relationship with a boy some five years older who introduced him to sex. Neither Sullivan nor the older boy, who also became a psychiatrist, ever developed into heterosexuals. In 1908 he entered Cornell as an undergraduate, but in June of 1909 was suspended for failure in all academic subjects. He may have had a brief schizophrenic illness, but the result of this obscure episode was that he lost his scholarship and never thereafter attended any college. His lack of a college education handicapped him in later life.

In 1911 he entered the Chicago College of Medicine and Surgery, a diploma mill that was closed down some six years later as part of a campaign to raise the standards of American medicine. As a struggling medical student he lived in poverty, taking odd jobs in order to make ends meet. Only in 1922 did he enter psychiatry through an appointment to St.

Elizabeths, a large federal psychiatric hospital in Washington, D.C. There he learned psychiatry in a haphazard, inaccurate manner, more from contact with the patients themselves than from any book or teacher. He was greatly influenced, however, by Edward J. Kempf, who had written the classic paper on homosexual panic, named after him "Kempf's disease." In early 1929 Sullivan organized at the Shepard and Enoch Pratt Hospital the special ward for treating schizophrenics where his success elevated him to the status of a prominent figure in American and then world psychiatry. His therapeutic method focused on fostering comfortable interpersonal relationships with these patients that would enable them to return from the psychotic world into which they had retreated.

Between 1929 and 1933 he composed a book, never published, that acknowledged his own homosexuality, and his belief that a prolonged period of active homosexuality in adolescence is necessary if a person is to have sound mental health in later life. This phase is moreover essential for the later development of heterosexuality, and may protect the individual from other psychiatric disorders. Presumably he had stumbled upon the positive aspect of Greek *paiderasteia*, though to the American society of his lifetime his views were totally unacceptable.

From 1931 to 1939 Sullivan practiced psychiatry privately in New York, and underwent psychoanalysis (300 hours in all) by Clara Thompson, who stopped the sessions because she was overawed by Sullivan's intellect. He had ever less patience with colleagues who clung to Freudian concepts in preference to his own. He founded in 1938 the journal *Psychiatry*, and after much bitter quarreling with the other editors made it a personal journal. He also elaborated his "interpersonal" theories to emphasize that society itself needed to change in order to create a healthy environment for its members. In 1947 his

lecture series, *Conceptions of Modern Psychiatry*, was published in book form and sold essentially on the basis of word-of-mouth advertising. After 1942 he wrote little, but lectured and taught extensively, and after the war ended, he devoted much time to optimistic efforts at decreasing international tension and avoiding another war. He died in Paris on January 14, 1949.

Sullivan did not have a positive attitude toward adult homosexuality. He felt that the therapeutic task in treating a homosexual was to remove the deep-seated psychic barriers that kept him from genital contact with the opposite sex—a goal he himself seems not to have attained. With this irrational dread removed, the patient would no longer seek partners of his own sex but gravitate toward the opposite one. However, his concepts are useful for evaluating and solving the problems of social groups, since they were developed in the context of social settings and expressed in interpersonal terms. He stressed the removal of interpersonal barriers between hostile groups in order to make close, harmonious contact possible. His work therefore has implications not only for the reduction of ethnic conflicts and the gap between generations, but also for coping with the alienation and isolation of homosexuals in a society that has been taught for centuries to hate and fear them. So, however biased his thinking may have been by the tragic circumstances of his early life, he may yet have bequeathed a psychiatric legacy that can contribute toward the reintegration of the gay community into the enviroing society.

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SWEDEN

The Scandinavian kingdom of Sweden lies in Northern Europe between Norway and Finland and contains over 8 million citizens, who enjoy one of the