

# Critique of Dr. Mark Blechner's "The Gay Sullivan" vs. What Sullivan Actually Said

**DR. HARRY STACK SULLIVAN** (1898-1948) - America's most important psychiatrist – added credibility to his genius when – in an age before anti-psychotic drugs – he set up a special intake ward at Sheppard-Pratt Hospital for schizophrenic patients and secured an 85% social recovery rate. His lectures on personality and 'interpersonal-theory' changed the field of mental health forever. Experts generally agree he adopted his lover as his son and lived with him in a monogamous sexual relationship.

**Dr. Mark J. Blechner**; openly gay *editor-emeritus* of "Contemporary Psychoanalysis," the Journal of the William Alanson White Psychoanalytic Society and William Alanson White Institute, New York.

The ***Alanson-White Institute*** often tries to represent the work of its co-founder, Harry Stack Sullivan. By printing and applauding Dr. Blechner's "*The Gay Sullivan*," the Institute appears ready to follow political correctness rather than Dr. Sullivan's own recorded words.

Openly gay Dr. Blechner ignores much of Sullivan's concise delineation of homoerotic behavior as often-times a reflection of the paranoid or incipient-schizophrenic mindset, instead cherry-picking through Sullivan's work with all the objectivity of a teenager searching *Lady Chatterly's Lover* for the good parts. For example, using Dr. Sullivan's own words:

"Clinical Studies in Psychiatry" (Sullivan) pp163:

"As I have indicated earlier, I think that the whole business of the homosexual entity as an explanation is always to be looked pretty firmly in the face by psychiatrists who attempt to effect any great improvement in the mental health of the patient. One should determine whether this entity is the organization of a definite integrating tendency that satisfies a need or whether it is a complex mental disorder in which the homosexuality is present because it so perfectly fortifies some abnormal mental process, some dynamism of difficulty."

In other words, if a male is driven compulsively to play the role of a humiliated, emasculated submissive (or its opposite) sexually, and finds the activity temporarily assuaging his anxieties, Sullivan points out this is a reflection of a '*dynamism of difficulty*,' not the seeking of another male for interpersonal security to enhance a relationship. In bathhouses and public toilets all across the country, the traumatized seek out someone whose name they'll never even know to engage with in homosexual behavior.

Dr. Blechner, however, seeks to assure us that no one is suffering from any kind of emotional problem that excites at the idea of being used and humiliated (or using and humiliating) other males. And keep in mind, to disagree with Dr. Blechner appears tantamount (in his eyes) to being homophobic. Let's see what Dr. Sullivan had to say about this:

**"Clinical Studies in Psychiatry" (Sullivan) pp163-4:**

"Where a person has felt that life is eminently worth living only in the preadolescent stage, when he did enjoy great intimacy with another person of the same sex, irrespective of whether that great intimacy was what may be described as on the non-genital or the genital level, I am quite willing to deal with that person on the basis that he is engaged in actual direct pursuit of satisfaction from members of his own sex, or as in homosexuality, as it may be easily called.

But where such experience is missing from a person's life, then I think one is doing a great violence to the therapeutic principle to accept the notion that that person has anything like a simple drive to secure genital satisfaction by any type of behavior with members of the same sex.

To work on this assumption, and to deal with this patient's "homosexuality,' is, to my way of thinking, one of the most vicious miscarriages of therapeutic situations. It takes out of the culture a group of terms, which, in referring to behavior, carry all the culture's evaluations of that behavior." (i.e., fairie, queer, sissy, etc.)

"You see, if the patient has not found great warmth and satisfaction in intimacy with a member of his own sex, but later on is told by a psychiatrist that such intimacy is what he is after – or has, by his own paranoid processes, come to feel that that is what he is after, and the psychiatrist agrees with him – then he and the psychiatrist are talking about something that is, in its ultimate essence, merely a revolting difference between him and good people. **THAT IS ALL.**"

Hmmmm.... Let's see: Sullivan says this behavior represents "***a revolting difference between him and good people...***" Dr. Blechner's article somehow fails to mention that. This censorship of Dr. Sullivan's work begs the question of why inconvenient facts are so "*selectively in-attended to*" by the openly gay author.

My disagreement with his interpretation is not with the fact that Dr. Sullivan was a homosexual. Of that there is little doubt. However, this political program of Dr. Blechner's was never that of Dr. Sullivan. Dr. Blechner is not merely proposing a different interpretation; he appears to propose (in Dr. Sullivan's own words below), "*an atrocious miscarriage of the therapeutic process.*"

**"Clinical Studies in Psychiatry" (Sullivan) pp164**

For example, Sullivan's take on the casual homosexual sex that reflects a *dynamism of difficulty*:

"It has no meaning in terms of something that he has experienced, that he has undergone, and that therefore is a part of him. But it does have meaning as a particular type of ***horribly derogatory formulation***. Thus, to attack a paranoid state, for example, on the basis of an attempt to understand the patient's homosexuality is an atrocious miscarriage of the therapeutic process. This is a very nifty way to make it beyond the most perchance that any intimacy will be established with that patient.

So it is quite important indeed to discriminate between, first the isophilic (same sex) phase of personality development and the satisfactions that can be acquired then, and second, ***the innumerable unhappy caricatures of living to which the term "homosexuality" is sometimes applied.*** The people who have gotten well into the preadolescent phase of personality development before possibilities of further growth failed, and come to us with their life problems formulated in terms of homosexual concepts, are still somewhat near reality.

But people who have not gotten as far as the preadolescent phase of personality development, and who come to us with their life problems formulated in terms of homosexuality, are showing a very much more complex distortion of interpersonal relations and offer a much more treacherous basis for therapeutic relationships because they are that much less mature...\*\*\*

But if, on the other hand, you combine these two into some doctrine of homosexuality as applied to factors in schizophrenia, paranoid states or what have you, then you have missed the whole point of interpersonal psychiatry, and your results will be sufficiently mongrel so that you will never be able to feel very secure about what is what. But, on the other hand, you will never have any convincing demonstration of being completely wrong."

("Clinical Studies in Psychiatry" (Sullivan) pp164-5)

\*\*\* ." (see Dr. Stephanie Lewin's quandary when caught in one of these treacherous relationships in her 2009 "*Contemporary Psychoanalysis*" contribution, "*Delusional Hate*")

(Sullivan Lecturing) "... to think that one can remedy personality warp by tinkering with the sex life is a mistake, even though it is *very convenient doctrine for psychiatrists who are chronic juveniles.*

It may provide them with fees for *enjoying their interest in pornography*; but if one is a serious psychiatrist, when one is presented with difficulties in the sex life of a patient as the reason the patient is seeking help, my experience has demonstrated rather convincingly that the patient's difficulties in living is shown rather in his choosing this subject to present as his difficulty. In other words, people..."[...do sometimes present this as their problem]", and such problems show, when properly understood, what ails their living with people.

**"The Interpersonal Theory of Psychiatry" (Sullivan) pp.295-6**

“Thus, let me warn my fellow psychiatrists: If you want to do psychiatry that can well be crowded into a lifetime, see if you can't find something besides the sexual problem in the strangers that come to you for help. Quite frequently it is no trick at all to find something very much more serious than the sexual difficulty; and quite often *the sexual difficulty is remedied in the process of dealing with the other problems*. You may notice there is a slight difference here between my views and some of the views that have been circulated in historic times.”\*

(\* ... You have to love Harry's dry references.)

How can Dr. Blechner read this insight from Sullivan, which relates directly to the world of toilet and bathhouse sex and leave it out of his piece, “*The Gay Sullivan?*” Sullivan is specifically talking about the promiscuous and anonymous homosexual scenario one can expect in a toilet or bathhouse: ***“But it does have meaning as a particular type of horribly derogatory formulation.”***

\* \* \*

If this ignorance of Sullivan's views on homoerotic behavior were not enough, Dr. Blechner cites Allan Berube's "*Coming Out Under Fire*" to state

that Sullivan was an advocate for gays in the military and indicates he was dismissed for that behavior. Going through Berube's work, what we find was that Sullivan, along with other psychiatrists called upon to formulate tests to weed out undesirables in the military (in pre-WWII era), objected to questions like "*Would you rather be a lumberjack or an interior decorator?*" being posed to new recruits as "evidence" of anything. This is what Dr. Blechner correlates to support for "gays in the military."

To say the above is disingenuous is to be charitable. While Sullivan had served as a Medical Doctor in the Army in WWI, he was now (at the dawn of WWII) a world-renowned speaker drawing the greatest minds of his day to his lectures; an Associate Professor, start-up editor of the American Psychiatric Journal with the Alanson-White Institute, and had set up and run his own groundbreaking, wildly successful intake unit for schizophrenics at Sheppard-Pratt. He also had his own private practice. **He was used to being in-charge or at least being listened to.**

By 1941, he had no more patience for the interminable committees and reviews which are part of the military structure. When America entered the war in December and an entirely new slate of command structures were replacing all that he had worked on previously, Sullivan became frustrated and ended his participation to work towards what he called a "*Psychiatry of Peoples.*" There is ABSOLUTELY NO EVIDENCE that Sullivan was ejected from the Army for anything, let alone his "gay" views.

Wait, it gets worse: Dr. Blechner quotes an obscure work by Chatelaine (*Harry Stack Sullivan: The Formative Years*), in which the latter mentions interviewing a 90 year-old gay ex-attendant of Sullivan's Sheppard-Pratt ward who they track down in a nursing home. A slightly autistic mumbling is coaxed from the senile gentleman regarding "*nancies and hairpins.*"

Dr. Blechner extrapolates this ambiguous – if not incoherent – muttering to mean that not only was Sullivan's Sheppard-Pratt population an all-gay

ward, but schizophrenia itself is a gay disease! This is as shocking as it is self-serving. After all, if you're suffering from schizophrenia, who better to go to – for treatment – than a gay doctor, eh?

Dr. Clara Thompson, with whom Dr. Sullivan started his own psychoanalysis, alludes to his sentimental attachment to his mother's Irish fable describing '*the horse of the West Wind running towards the future*'\*\* as the creative source for Dr. Sullivan's personal logo of two horse-heads in a Yin-Yang of light and darkness, present and future. Just to prove that 'thinking with your penis' never goes out of style, Dr. Blechner interprets Sullivan's logo as a sexual expression illuminating the good doctor's attachment to the sex act "69!"

Is there any shame left?

\*\*(*Interpersonal Psychoanalysis: The Selected Papers of Clara M. Thompson*)



If psychiatrists can lessen '*selectively in-attending*' to their own behavior; i.e., shielding it from Sullivanian insight – and concentrate more

on trying to understand his discoveries vis-à-vis human personality and schizophrenia, both they and their patients will benefit.

Living in the “*not me*” is something we all engage in from time to time, but to pen one’s name to an academic piece concerning Sullivan’s sexuality and proceed to ignore what he really had to say about homoerotic behavior is a strange way to deserve *emeritus* status.

It’s tempting to sweep controversy under the rug; continue to ignore what’s convenient to ignore versus the pursuit of truth. It’s your call.