

MARK J. BLECHNER, Ph.D.

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## THE GAY HARRY STACK SULLIVAN

INTERACTIONS BETWEEN HIS LIFE, CLINICAL WORK, AND THEORY

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*Abstract:* Harry Stack Sullivan, the founder of interpersonal psychoanalysis, was a gay man. His sexuality, far from being an incidental aspect of his life, was integral to his clinical and theoretical innovations. Sullivan was also a pathbreaker in dealing with many aspects of gay civil rights that are still at issue today. Sullivan's writings about lust and sexuality have been difficult to understand and relatively ignored. When one decodes Sullivan's neologisms, one can appreciate how he was working toward a radical new formulation of sexuality's place in human living.

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**W**AS HARRY STACK SULLIVAN gay? Dr. Arlene McKay asked that simple question when the White Institute was celebrating its fiftieth anniversary by having a panel on Sullivan. Helen Swick Perry avoided a direct yes or no answer, but as in her biography of Sullivan, Perry told stories that suggested Sullivan might have had a romantic interest in a number of women. It was an example of the fog of distraction, avoidance, and dissociation that has surrounded Sullivan's homosexuality.

I would like to take a different approach to Dr. McKay's question and answer directly: Yes, Sullivan was gay. It is quite clear to anyone who has no personal barriers to seeing it. The evidence is overwhelming. I am going to describe some of that evidence from first-hand accounts of people who encountered Sullivan. I am also going to show how Sullivan's homosexuality, far from being an incidental aspect of his life, was a major issue with which he struggled, and how, way ahead of his time, he was a pathbreaker in dealing with many of today's issues of gay civil rights. Finally, I am going to look closely at some of Sullivan's writings about lust and sexuality that have been relatively ignored, to show how he was working toward a radical new formulation of sexuality's place in human living. I also explore how Sullivan's homosexuality was integral to his clinical and theoretical innovations.

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When I was in graduate school, Jerome Singer, who was the head of the psychology department and is a graduate of the White Institute, said that Sullivan was gay. I came to the White Institute with the assumption that such a simple fact was a given. Imagine my surprise when, during my first year of training at White, I mentioned that Sullivan was gay to a senior analyst, and he became noticeably defensive and challenged me: "Do you know anyone who slept with him?" Well, no, I didn't. Nor did I personally know any women who had slept with Freud or Erich Fromm, although no one was challenging me to find them. Nevertheless, I decided I would try to find out what I could.

That analyst's question was the first sign I observed of the tremendous dread that many interpersonal analysts have felt about Sullivan's homosexuality. Sullivan was a genius, and he was the theoretical and clinical mentor of the interpersonalists. But many interpersonalists, prejudiced against homosexuals, have had great difficulty with Sullivan's sexuality. They routinely hedged the issue by saying that Sullivan's sexuality was questionable. "We don't really know whether or not Sullivan was gay." A gay man told me his interpersonal analyst said these very words to him in 1995.

This is the fate of being in the closet. Others may see you as asexual or schizoid or simply mysterious. In the middle of the twentieth century, this was a common spectacle. People were called confirmed bachelors, and surrounded themselves with rumors of possible marriages, thus quelling suspicion of homosexuality, which could damage your career. This was frequently the case with men and women in all walks of public life, including show business and politics.

In the context of such obfuscation, the late Dr. Ralph Crowley was a breath of fresh air. Crowley said unambiguously that Sullivan was homosexual, and he was able to talk candidly and nondefensively about it. In 1986, Crowley told me this story: He once attended a lecture of Sullivan's at a conference. At the end of the talk, Crowley went up to Sullivan to ask him some questions. Sullivan invited the young Crowley to continue the conversation in his room at the hotel where the conference was being held. "We went up to his room," Crowley told me, "and there were two single beds in the room. Sullivan lay on one bed, and I on the other, and we talked. I'm sure if I had been a little less square, he would have approached me."

I sought information from other people who had met Sullivan, including Dr. Ellis Perlschwig, a child psychiatrist at the Yale Child Study Center

in New Haven, who had the distinction, as a candidate at the New York Psychoanalytic Institute, of having been the first training candidate of Jacob Arlow. Perlsweig told Arlow he was gay, Arlow ended the analysis abruptly, and, within a week, Perlsweig was asked to resign from the Institute.

But, it turned out, before all that, Perlsweig also had been a guest at Sullivan's house in Maryland. He told me there is no question in his mind today that Harry and Jimmie had romantic feelings for one another and were committed life partners.

Sullivan did something extraordinary for his time. He adopted James Insoe, known as "Jimmie," as his son. Jimmie was about twenty years younger than Sullivan. People who admired Sullivan's thinking, but were uncomfortable having a gay mentor, were happy to say that Jimmie Sullivan was just Harry Stack Sullivan's adopted son. But others knew there was much more to it, that Harry Stack Sullivan and Jimmie Sullivan were loving partners for more than twenty years. Helen Swick Perry, in her biography of Sullivan, perpetuates the story that Jimmie may have been schizophrenic, that he was standing on a street corner in a semicatatonic state, and Sullivan took him in and cared for him. But in the 1990s, she told Michael Allen (1995) that Jimmie had told her he was a prostitute standing on the street, and that is how he first got to know Sullivan.

You have to realize just how daring and creative Sullivan's adoption of Jimmie was, in its time. In our time, gay marriage is such a burning issue. It is seen as the means to give gay couples the same rights, privileges, and protection as committed heterosexual couples. So far, there is gay marriage in Canada and several European countries, but the United States is still fighting about it. Sullivan, by adopting his partner, found a way to secure rights for Jimmie concerning inheritance, medical decision making, and other basics of living, that are usually available only to married couples. In addition, adoption, unlike marriage, cannot be easily nullified by divorce. Thus, between two men who are in love, adoption may be a more binding commitment than marriage.

Sullivan was gay. If that were simply a fact of his autobiography, then this would be just gossip. But there is more to it. Sullivan was gay, and that led to his being a champion of gay rights. Gay rights, you may ask? Did that exist back then? Well, perhaps the words didn't, but the struggle did, and Sullivan certainly engaged the struggle. Even more importantly to interpersonalists, Sullivan's homosexuality was integral to his clinical and theoretical innovations. Because there has been so much anxiety and

mystification about his homosexuality, the importance of his sexuality to his theory has also been obscured. And that may also be one reason why sexuality has had a hazy and sometimes neglected position in interpersonal and relational theory in general. Let that end.

Sullivan's homosexuality affected his clinical and theoretical work in many ways. First, one of Sullivan's most celebrated achievements was his ward for young schizophrenics, which he started during the late 1920s at the Sheppard and Enoch Pratt Hospital near Baltimore. The ward had an astonishing 86% cure rate for schizophrenics, and this was before the advent of neuroleptic medication. Sullivan was famously skilful at making a connection with very cut-off patients; it was said that when he spoke with schizophrenics, they no longer sounded schizophrenic. Sullivan also developed milieu therapy; every aspect of living in the ward was carefully thought out to lessen the patients' anxiety and help them find new pathways to secure living.

This is all well known. But what seems to be less well known is that Sullivan's ward was a gay male ward. In the 1970s, a psychologist named Kenneth Chatelaine interviewed the last surviving people who had worked on Sullivan's ward, and published their revelations in his book (Chatelaine, 1981). The description of the ward and of Sullivan is noteworthy for its frankness. The staff, hand-picked by Sullivan, were either openly homosexual or extremely easygoing about it. The staff and the patients were all male. No female nurses were allowed even to come into the ward.

According to William Elliott, who started working on the ward in 1929, the staff sometimes referred to Sullivan, behind his back, as Miss Sullivan. The staff members were also encouraged to talk casually to each other about homosexual experiences, to let the patients feel that it was not something to be ashamed of or afraid of.

Elliott told Chatelaine that Sullivan started the ward, being closeted himself, but as time went on, he became more open about his homosexuality. Sullivan wanted, in Elliott's words,

to take care of the homosexual, knowing that they were homosexual, knowing that he was homosexual. Still and all, he was in the ring but he wasn't playing . . . that's it. It was just like a ringmaster. You jump but I am not going to jump. And I think toward the end he let the hairpins all come down and this is it. [p. 452]

“Letting one’s hairpins come down” was an expression in the early twentieth century that meant for one to reveal one’s homosexuality to other homosexuals (Chauncey, 1994), similar to what today is called “coming out.”

It would be extraordinary today if someone established a gay psychiatric ward in a major hospital. It is even more extraordinary that Sullivan did it back in 1930. That took courage. It also represented a brilliant insight into the factors that can lead to serious mental illness and the best approach to helping such patients. Even today, when attitudes toward homosexuality are better than they were in the past, every gay and lesbian person knows how difficult it is to cope with antigay hostility. Prejudice against gays and lesbians is still considered acceptable in much of society. No public official can say something derogatory about blacks in America anymore without running into severe consequences. But as Senator Rick Santorum demonstrated on April 7, 2003, a public official can still say hateful things about gays and lesbians and receive the support of his party and his president (CNN, 2003).

What effect does this have on the mental health of young gays and lesbians? As we know, the effect is highly detrimental. The rate of teenage suicide has been estimated to be three times higher for gay youth than for straight (Archuleta, 1998). And in people disposed to mental illness, either because of a genetic predisposition, a traumatic history, or other factors, the added stress of homophobia can push them over the edge into psychosis. Sullivan showed, with his ward, that when you remove such a person, even temporarily, from exposure to such hatred, the potential for therapeutic gain can be enormous. The ramifications of this finding, I think, have never been fully appreciated, nor have they been adequately tested in other groups that suffer discrimination.

I have myself not set up a ward for gay and lesbian psychotics. But interestingly, just by being an openly gay psychoanalyst, I have had quite a number of patients come to me who might have been accepted into Sullivan’s ward. These patients had been burned in various ways by homophobia in the mental health system.

I cannot relate to you all of these experiences, but I will give you one example that captures the problem. In the early 1990s, I was consulted by a thirty-three-year-old man for treatment. His presenting complaint was that he felt lost, professionally and personally. He impressed me as very private and cautious. When he called for an initial appointment, he

got my answering machine. He told me the name of the doctor who referred him, but didn't tell me his own name and number, so I had to telephone the referring physician to get that information. In our first session, when I asked the patient where he worked, he hesitated for a long time and didn't want to tell me.

You may feel that this man was paranoid. But as his story unfolded, I learned that there was good reason for his caution.

When he was eighteen, he went away to college, and found that he was sexually attracted only to men, a fact that he had suspected but tried to ignore during high school. He knew that his religious family would disapprove of his homosexuality, and so he became extremely anxious about it. On a vacation, he returned home. His father noticed his agitation, and asked him what was bothering him. He blurted out to his father that he was gay. The family sent him to a psychoanalyst immediately. When the patient tried to bring up his homosexuality, the analyst said, "Well, of course, doing things with girls is fun." As you can imagine, the patient was not encouraged to tell this man more. Instead, he retreated more and more into himself. He then was hospitalized for two weeks with electroshock treatments every other day. This had no effect on his sexual orientation, but it certainly taught him to beware of the homophobia in his parents, in psychiatry, and in society in general. He waited a dozen years to seek psychotherapy, and did so only when he could be sure to find a therapist who was openly gay himself.

We obtained his hospital records, and they were fascinating. They showed a diagnosis of paranoid schizophrenia, based on the fact that "The patient claims people are saying he is a homosexual." Well, he *was* claiming that people were saying he was a homosexual, because they were, and he was. The use of ECT was unconscionable. And remember, this was not in a rural hospital. It was in a major New York area hospital in the late 1970s.

I want to tell you one more thing about Sullivan. Later in his career, as a psychiatrist for the military, Sullivan attempted to keep homosexuality from being a disqualifying factor for military service, although he was overruled by the military establishment and eventually fired (Bérubé, 1990). The struggle about gays in the military is still ongoing; but most people working for an end to the military's homophobia today don't seem to know about Sullivan's pioneering efforts sixty years ago.

So Sullivan was, in his day, working on some of the most prominent civil rights issues for gays and lesbians in our day, such as the relations

of gays and the military and ways for a gay couple to have the rights and safeguards of marriage. He was a pathbreaker in addressing homophobia-induced psychopathology, and the ways it can best be helped by an interpersonal approach. And Sullivan showed that you cannot adequately solve the mental health issues of stigmatized people without also taking a stand against discrimination and bigotry in society.

Sullivan's homosexuality was also integral to his theory of interpersonal psychiatry. You can selectively inattent to this fact, but if you do, and many have, I think you come up with a skewed understanding of Sullivan's interpersonal theory. In fact, one important source of his understanding of the embeddedness of psychopathology in interpersonal relations was his own experience of his homosexuality. Many a gay man has tried to understand his experience of homosexuality intrapsychically, without reference to how it affects his relations with other people, and how his relations with other people affect his experience of his sexuality. You can scour your oedipal complex and preoedipal relations all you want, but if you don't take account of the fact that other people, shaped by social convention, are condemning you for an essential aspect of your being, you will never get anywhere. Sullivan recognized this. It was the insight behind his ward for gay schizophrenic men. By regulating the interpersonal experience of shame, by eliminating homophobic persons from the staff as much as possible, Sullivan drastically lowered the patient's anxiety level to make possible all kinds of therapeutic gains.

Sullivan extended this insight into his theory of good-me, bad-me, and not-me. I cannot prove to what degree Sullivan's general theory of personifications emerged from his homosexuality, but there is some good evidence that it played a big part. Just look at the examples of "not-me" dissociation in his books. You will see that most of them are caught up with disavowed homosexuality.

Here are some of them. In the *Conceptions of Modern Psychiatry*, Sullivan (1940) wrote,

Our lady entertained fantasies of prostitution not because she simply lusted after many men, but because she had in dissociation a lust after women. She was of the homosexual personal syndrome, but whether by virtue of lack of any permissive acculturation, or of early experience which erected a strong barrier to integrations with members of her own sex, she had no awareness of the homosexual motivation. It existed in dissociation. [p. 135]

In *The Interpersonal Theory of Psychiatry*, Sullivan (1953) wrote,

Those of you who are men may have discovered, as you're walking down the street, that quite a number of other men look at what is called the fly of your pants, and look away hastily. Many of them raise their eyes to yours—apparently, insofar as you can interpret, to see if they have been noticed. [p. 321]

In *The Interpersonal Theory of Psychiatry*, Sullivan (1953) wrote, concerning fugue states,

The fugue might be called a very massive change of personality. Another, somewhat less massive, disturbance of personality is what I call the eruption into awareness of abhorrent cravings. . . . The classic instance of this eruption of cravings is the eruption of "homosexual" desires—desires to participate in what the patient feels, classically and outstandingly, to be homosexual performances. I think I can illustrate this, perhaps without misleading you too badly, by mentioning one of my patients, an only boy with five sisters, who had led as sheltered a life as that situation would permit. Shortly after getting into uniform in World War II he was prowling around Washington, and was gathered up by a very well-dressed and charming dentist, who took him to his office and performed what is called fellatio on the boy. The boy felt, I presume, a mild adjustment to the uncanny, and went his way, perhaps in some fashion rewarded. But the next day he quite absentmindedly walked back to the immediate proximity of the dentist's office, that being in some ways, you see, an untroubled fugue—whereupon, finding himself so very near what had happened the day before, he was no longer able to exclude from awareness the fact that he would like to continue to undergo these experiences. This is a classical instance of an abhorrent craving in that it was entirely intolerable to him. The day before it had been a kind of new experience, but when it burst upon him in this way, it was attended by all sorts of revulsions and a feeling that it would be inhuman, and what not, to have such interest. And he arrived at the hospital shortly afterward in what is called schizophrenic disturbance. [p. 326]

In the *Clinical Studies in Psychiatry* (Sullivan, 1956, pp. 169–176), in the chapter on dissociation, there is an extensive example, what one could call a short story of gay dissociation. To summarize, Mr. A is a married man whose wife complains that they don't have sex often enough. Mr. A comes to all sorts of rationalizations about this. He meets

a man, Mr. X, who, by resembling a boy with whom he had sex as a preadolescent, stirs Mr. A in a dissociated way, which he compensates for by feeling conscious revulsion for Mr. X. Later they are at a dinner party together at which they have to stay overnight.

There are only half as many beds as guests, and the deferences to polite society that Mr. A has to make have the exceedingly unhappy result that he has to share a bed with Mr. X. He is so horribly embarrassed at his disliking this stranger, and so awfully anxious not to make things too difficult for the host and hostess, that, well, the simple thing is to swallow all this stupid feeling of his and act like a good guest, and so they finally wind up in bed together. Mr. X is somewhat embarrassed by the strange casualness and avoidance on the part of Mr. A, which he has suffered all day—an attitude that he realizes is quite different from his own feeling that he would like Mr. A if Mr. A weren't so distant. In fact, by this time his feelings have been reasonably well wounded, and he is not much pleased with this arrangement. So he takes reasonable precautions to get undressed and in bed before the other man does, or vice versa. But as he is about to fall asleep, his companion sighs deeply and starts to apologize rather queerly, and gets up and fiddles around a little while; and Mr. X realizes that he is listening to some queer cock-and-bull story about how Mr. A has never really slept with anyone before, and is just horribly angry with himself and so on, but he doesn't know whether he can get any sleep unless he gets under the bottom sheet. And so this is what he does.

What is apt to happen in the course of the night—what, in fact, has in many such instances happened—is the following: During the night Mr. A gets out from under his cotton precaution and goes around and tenderly fondles Mr. X, and then goes back to bed under his bottom sheet. There is considerable evidence of his being in a curiously foggy state of mind, which so impressed Mr. X that he does not say anything about the incident the next morning. Mr. A acts as if nothing on earth like that could conceivably have happened, and Mr. X just says to himself, "Well, this bird is a funny one." Mr. A leaves the house with a feeling that, considering that he had had to share a room with this extremely disagreeable person, he has had a remarkably good night's sleep. He feels fine, and has no trace of any information about what has happened. [pp. 175–176]

I now turn our attention to the effect of Sullivan's homosexuality on his integration of drives and bodily processes within interpersonal theory. To start with, his earliest publications were very much about the body and drives. "The Oral Complex" (1925) dealt in great detail with the infant's

bodily experience, before and after birth. Sullivan took strong positions about the drives to obtain oxygen and food, and their interaction with pleasurable oral stimulation. He argued that oral experiences are pivotal in the formation of the self and the sense of reality and argued against Ernest Jones's greater focus on anal experience in this regard. And in "Erogenous Maturation" (1926), Sullivan looked into the later development of one's sense of one's body and sexuality. Way ahead of his time, he rejected Freud's notion that vaginal erotism involves a regression, and in general rejected the modeling of female sexual development in terms of male development, rather than in its own terms.

Sullivan, in this paper, was very specific about bodily involvement in pleasure. He discussed erogenous zones like the neck and thighs, and even gave his view of what we today call "hickeys." He also noted that for some people, the navel is both an object of curiosity and pleasure. He was very interested in the significance of male erections throughout the lifespan, and he tried to be precise about the significance of acts that can be called masturbation at different stages of male development. In infancy, Sullivan argued, erections are reflexes responsive to internal stimulation, not external, and so he questioned the notion that anything like masturbation can occur then. Only at the age of about fifteen months, he thought, can the baby deliberately start to manipulate the genitals for pleasure, which Sullivan called "juvenile masturbation." At the age of three or four there is the beginning of inhibition of urination during erection, which Sullivan saw as a significant development in one's sense of the genitourinary system. But in puberty there is a sudden, qualitative shift in the bodily experience of erections as sexually driven.

Sullivan was also very interested in the ways that notions of sexual sin cause psychopathology; he referred to sexual sin as "the mother of psychiatry," and outlined how such notions of sin lead to psychopathology.

Some of Sullivan's comments strike me as questionable or wrong, at least today. For example, he says that bisexual men are much more easy-going about having a penis inserted in the anus than in the mouth, and he relates this to a primal feeling of vulnerability at the mouth, with its connections to breathing. I do not know if this is true today; whether or not it was true in Sullivan's time, it shows how specific was Sullivan's interest in bodily sexual experience and its links with other primary drives and anxieties.

Sullivan may not always have been right about sexuality, but he gave

it a great deal of attention. In his writing, this focus on sexuality was at its peak in the book *Personal Psychopathology* (1972). I think Sullivan scholars have given this work short shrift. Sullivan completed it in 1932. It was not published in his lifetime, but keep in mind that Sullivan thought enough of it himself to finish the manuscript. Sullivan also used the manuscript as a primary text for a seminar he cotaught with Edward Sapir at Yale University on the “Impact of Culture on Personality.” I do not think you can know the whole Sullivan without paying close attention to this book.

If anyone doubted Sullivan’s homosexuality, they should read his chapter in *Personal Psychopathology* on “Male adolescence.” The chapter might have been more aptly titled, “Homosexuality and the Male Adolescent,” since that is its main subject matter. The last six pages are extraordinary. In them, Sullivan discusses the various forms of sexual behavior, especially among gay men, and their significance. I think the chapter has been overlooked in the literature, partly because of homophobia, but partly, too, because it is so difficult to understand. To describe sexual behavior, Sullivan uses terms that cannot be located in any dictionary, at least that I can find. Maybe he had access to a vocabulary that was not popularly known; or maybe he made the terms up.

The obscurity of the language is in the tradition of Krafft-Ebing (1886), who, in his landmark work on perversions, *Psychopathia Sexualis*, wrote in Latin in the sections concerning what he thought were more offensive practices. Sullivan doesn’t use Latin, but if he had, at least someone could be sure what he meant. Instead, this section on male adolescence is written in a most unusual language, designed to hide as much as to communicate. I think Sullivan’s wording was a compromise formation, an expression of conflicting wishes to be hidden and to be understood. If you want to understand him, you have to put in some effort.

So I have. I have spent a good amount of time looking up the words Sullivan uses. It seems that many of them are neologisms, but if you look up their etymology, you can pretty much figure out what he is saying. I wonder if anyone has done this before me. If they have, I do not know about it.

I will describe some of the terms plainly and graphically. My intention is not to shock. I think, however, that if you are going to appreciate Sullivan’s thinking on sexuality, you need to know the full extent of what he was thinking and writing about the subject. I have no problem if you wish to argue with or reject his observations and ideas; but if you selec-

tively inattentive to them, you will never understand what Sullivan thought about sex, drives, and their significance in interpersonal relations.

Let us start with *Stomixis*: *Stomixis*<sup>1</sup> is oral-genital sex. *Parastomixis* is oral sexual stimulation applied to nongenital body areas. *Synstomixis* is simultaneous oral-genital stimulation, what is known colloquially as “69.” Finally, *autostomixis* is the stimulation of your genitals with your own mouth.

People involved in these procedures can be *phaledotic* or *thorodotic*. *Phaledotic* seems to mean wanting to have one’s penis stimulated. The reciprocal is *phaleleptic*, which I think means stimulating another’s person’s penis.<sup>2</sup>

And then there is *thorodotic*. *Thoro*, according to my *Oxford English Dictionary*, is a word root indicating a compound salt, and *dotic* comes from the Greek for “to give.” Therefore, I think the word “thorodotic” means “to give semen.” The word “thorophagic” means “to swallow semen.”

Then there are the terms for anal sex, which Sullivan refers to, in general, as “*Pugisma*.” Sullivan gives no source for this word; I think it is a variant of the term “pygism,” coined by Karl-Maria Kertbeny (see Hirschfeld, 1914, p. 68). The word seems to be derived from “pyge” (Greek for buttocks; the Greek verb is *pygizein*). The closest word currently in use in English is “callipygian,” which means “having beautiful buttocks.”

People who like to be penetrated anally are called *proctodotic* by Sullivan. Oral-anal sex is referred to as *proctolichsis*.

Now that you know what the words mean, you can consider what Sullivan has to say.

Regarding *autostomixis*, stimulation of your genitals with your own mouth, Sullivan feels we would all do that a lot, if, as he says, “geometric factors permitted,” that is, if you could reach. He says that it is common in young honey bears and cites a case of a boy who could do it until puberty and became schizophrenic when he was no longer able to suck his own penis.

Sullivan gave special prominence to mutual fellatio. He made up the

<sup>1</sup> If Sullivan created this word himself, he may have been influenced by Ferenczi’s (1924) term *ambimixis*, which is “the synthesis of two or more eroticisms into a higher unity.” “Sto” probably comes from stoma, Greek for “mouth.” Thus, *stomixis* = synthesis of oral and genital eroticism.

<sup>2</sup> The etymology from Greek is *phale* (phallus) *leptic* (lambanein = to take hold of). Other roots used by Sullivan in coining words: *chresis* (khresis = use) cf. 1972: 242n., *proctochresis*; and *dotic* (didonai = to give).

word *synstomixis* for it. Colloquially, people today call it “69”; Sullivan used the French equivalent, “soixante-neuf.”<sup>3</sup> In Sullivan’s words (1962, p. 181n):

The [active homosexual and bisexual], when oral-erotic, establish sentiments making for behavior in the shape of soixante-neuf [sic] and in these and similar arrangements there is libidinal interchange equivalent to complete satisfaction of demands of the socialized personality.

You can hear that Sullivan valued this sex act highly. Why? One cannot be sure. One possibility is that he and Jimmie liked it, but it is also possible that Sullivan was influenced by the orthodox psychoanalytic valuation of what was called “mature genitality.” Freud’s developmental model considered oral and anal interests developmentally immature, and implied that full maturity required sexual satisfaction using the genitals. Following that scheme, I infer that Sullivan may have found that mutual fellatio between men met the criteria for simultaneous genital stimulation.

Sullivan’s high valuation of 69 gives an added significance to his insignia—the two horses’ heads facing up and down—that Sullivan asked Helen Swick Perry to have printed on the cover of every published volume of his works. It appears that this insignia is a combination of at least two images: mutual fellatio and the Asian symbol of ying and yang (Perry, 1982; Harned, 1998). It may also have intended to integrate the dark and light horses in Socrates’ discussion of love in Plato’s *Symposium*.

Some of Sullivan’s observations about sexuality are surprising to many people today, and it is not always easy to tell whether things have changed or whether Sullivan came across some rather unusual people. For example, Sullivan wrote (1972)

In personalities in whom the homosexual role is very repugnant to the self, but stomixic tendencies cannot be dissociated, a combination of phaledotic and cystholeptic fantasies or even overt behavior may be substituted with some preservation of self-esteem. [p. 241]

<sup>3</sup> Sullivan spelled it “soixante-neuf” in his book, instead of the correct French “soixante-neuf.” It is not a typographical error; it occurs also in the original article in the *American Journal of Psychiatry* (Sullivan, 1927, p. 780n.)

What does that mean? I think a translation into regular English would be, "In a person uncomfortable with his homosexuality, who nevertheless desires to perform oral sex on a man, he may combine fantasies of fellatio and cunnilingus, or even act on such fantasies, to satisfy himself while still protecting his self-esteem."

Some other people who are uncomfortable with their homosexuality, Sullivan tells us, may limit themselves to mutual masturbation. They might also do so when the only male partners available to them are unattractive. As Sullivan says (1972), "The hands are schematized as less closely identified with the self than are the genital, anal, and oral zones, and their utilization is thus less personal" (p. 243).

In "Archaic sexual culture and schizophrenia," delivered in 1929, Sullivan (1962) asserted that homosexual experience in men was much more common than the usual estimate at the time of 5 percent. His figures are quite close to those estimated more scientifically by Kinsey, Pomeroy, and Martin (1948) two decades later. Sullivan (1962) also argues that actual homosexual experience can prevent someone from becoming psychotic.

While the writer is advised by certain colleagues that a history of "traumatic experiences," such as actual homosexual seduction, is not of good prognostic significance in the average case of psychoneurotic individuals, he has been impressed with the contrary significance among schizophrenics. It is to him certain that in this form of mental maladjustment any actual material arising from voluntary or unwilling concrete sexual activities has a beneficial effect in bringing conceptualization and fantasy of a sexual nature within the frame of real criteria. [p. 211]

This rather unusual idea has not, to my knowledge, been tested empirically. It may, however, have some truth, at least for young men who are primarily homosexual in orientation, especially if they feel inhibited from having real sexual experiences because of societal or religious taboos. It may be better for them to have real sexual experiences rather than just wallow in their fantasies. It goes along with Sullivan's very important general observation that mental health is not so dependent on the specifics of one's sexual desires per se; instead, whatever one's sexual desires, mental health depends on whether one can integrate them successfully with another human being.

Once you understand Sullivan's language, you can come to appreciate

better what he is talking about and the issues he was trying to address. Is this writing of Sullivan on homosexuality psychoanalytically useful? I would answer *yes*. If it had been more widely read and understood, it might have led to more specific interest and understanding of gay male sexuality. I think some of it is factually wrong, at least today, but it raises many important questions about what is common and normal in homosexual experience, and an extensive discussion of such issues is certainly useful psychoanalytically. Today, even if we dispute some of what Sullivan said, we can at least explore it openly with people who know about it through personal experience. Perhaps that will lessen some of the anti-homosexual bias still present in society. If such discussion doesn't change homophobia, it will at least change homo-ignorance.

Also, I don't think that Sullivan gave up these early formulations. Instead, he kept developing them. They reappear much later in his career in the *Interpersonal Theory of Psychiatry* (1953), in a new system with, as Sullivan admits, another set of neologisms: *orthogenital*, *paragenital*, *metagenital*, and *amphigenital* (p. 293). *Orthogenital* involves integration of the genitals of the two sexes. *Paragenital* involves having one's own genitals stimulated by some other organ of another person, such as the hand, mouth, or anus. *Metagenital* refers to using your own nongenital organ to stimulate another person's genitals. (So it would seem that every paragenital act of one person involves the other person in metagenital activity.) *Amphigenital* refers to two people engaging in analogous if not identical relationships to the genitals of each and the substitutes of each, such as Sullivan's highly valued *soixante-neuf*.

What Sullivan was basically trying to do in both the early and later writings was to assert that the distinction between homosexuality and heterosexuality, by itself, was not so useful in understanding sexuality's place in human functioning. He was trying to draw attention to the fact that there are many sexual practices and preferences for both heterosexuals and homosexuals. What is most important for psychoanalysis about these practices is how much they allow for successful intimacy with another human being. In Sullivan's own words (1953),

Now I do not like to coin freak terms, but what these terms represent is terribly significant. And the terrible significance is this: in this culture the ultimate test of whether you can get on or not is whether you can do something satisfactory with your genitals or somebody else's genitals without undue anxiety and loss of self-esteem. [p. 294]

In my own work (Blechner, 1995), I have protested against what I called the “gender fetish” in psychoanalysis and society. By gender fetish, I mean the obsessive and exaggerated attention to the gender of someone’s romantic partner, to the exclusion of so many other factors of equal or greater importance. For example, in 1993 I proposed that we give prefixes to the terms “heterosexuality” and “homosexuality.” What we usually call “homosexuality” should be called “gender homosexuality.” Many other important factors can be concordant or different in any couple, including age, social class, intelligence, nationality, ethnicity, religion, profession, sexual behavior preference, and others. Any one of them could be a prefix, such as “age heterosexuality or age homosexuality.” The prefixes “hetero” and “homo” could be used to convey that you are attracted to people who either share certain characteristics with you (“homo”) or differ from you in that way (“hetero”). For example, if you are a man and your wife is almost the same age as you, then you are an age-homosexual. Similarly, if your male gay lover is your own age, you are also an age-homosexual. But if your partner is much older or younger than you are, no matter whether that partner is a man or a woman, then you are an age-heterosexual. I recently heard about a case of age-heterosexuality; a woman described her attraction only to men at least twenty years older, which she said felt to her as obligatory as (gender)-homosexuality must to most (gender)-homosexuals.

The gender fetish has led to all sorts of poorly-thought-out formulations, such as the idea that an attraction to someone of the same sex, regardless of other similarities and differences, necessarily reflects a narcissistic object choice that needs to be worked on and changed in psychoanalytic treatment. As I have written (Blechner, 1995, p. 283), “If a psychoanalyst marries another psychoanalyst, does that reflect a narcissistic object choice? And if it does, in your view, and you work with such a psychoanalyst clinically, do you aim to get the person to marry a nonpsychoanalyst?”

Sullivan (1972) also felt that the terms commonly used to describe sexuality omitted too much of importance. He wrote

I would like you to realize, if you realize nothing else, how fatuous it is to toss out the adjectives “heterosexual,” “homosexual,” or “narcissistic” to classify a person as to his sexual and friendly integration with others. Such classifications are not anywhere near refined enough for intelligent thought; they are much too gross to do anything except mislead both the

observer and the victim. For example, to talk about homosexuality's being a problem really means about as much as to talk about humanity's being a problem. [p. 196n]

In going back to Sullivan's early writings, I have become aware that he was working on the same questions I have been (Blechner, 1995, 1998, 2002, 2005), as to what is important about sexuality and the body and how that interacts with one's interpersonal relations, although his solutions were different from mine. He focused on the specifics of one's preferred sexual practices, and how they affect one's ability to find mutual satisfaction and intimacy with another person. Again I quote Sullivan (1953) on why he worked out his classification of sexuality in terms of explicit bodily interactions:

The reason why I attempt to set up careful classifications in this field is this: It is almost always essential for the psychiatrist, when he ventures into remedial efforts for serious developmental handicaps, to pay attention to the place of lust in the difficulties of the person. And let me make it clear that lust, in my sense, is not some great diffuse striving, "libido" or what not. By lust I mean simply the felt aspect of the genital drive. And when I say that the psychiatrist must usually pay attention to this, I do not mean that problems in living are primarily or chiefly concerned with genital activity. But I am saying, of people in this culture who are chronologically adult, that their problems in interpersonal relations quite certainly will be either very conspicuous in, or exceedingly well illustrated by, the particular circumstances governing their handling of the emotion of lust. [pp. 294–295]

I also think that more widespread appreciation of these writings by Sullivan would shift our view of sexuality and the body in Sullivan's theory. I have always felt that Greenberg and Mitchell (1983) underplayed Sullivan's attention to the body and bodily drives, what he sometimes called "zonal needs." Their division of relational and drive theory was a very valuable heuristic. It forced orthodox psychoanalysts to see the one-sidedness of some of their thinking. But it went too far. Greenberg and Mitchell argued that mixed drive-relational theories don't work. In my view, a mixed drive-relational theorist is what Sullivan was. He kept interpersonal relations in the foreground and saw interpersonal needs, like safety and prestige, as sources of motivation as important as the sexual drive, but he included the body and sexuality in his thinking,

quite specifically, and so should we present-day interpersonal and relational psychoanalysts. You can appreciate Sullivan's enormous contribution to understanding human behavior in an interpersonal context without stripping him of the drive and bodily aspects in his theory. And you end up with a more complete interpersonal theory.

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145 Central Park West  
New York, NY 10023

