OBSERVING THE EROTIC IMAGINATION

Robert J. Stoller, M.D.

Yale University Press
New Haven and London
1985

Designed by Nancy Ovedovitz and set in VIP Palatino type by Huron Valley Graphics, Inc. Printed in the United States of America by Vail-Ballou Press, Binghamton, New York.

Library of Congress Cataloging in Publication Data

Stoller, Robert J.
Observing the erotic imagination.
Bibliography: p. 223
Includes index.
1. Sexual fantasies. 2. Sexual deviation. 3. Sexual excitement. 4. Sex differences (Psychology) I. Title. [DNLM: 1. Fantasy. 2. Identification (Psychology) 3. Paraphilias. 4. Sex Behavior. WM 610 S875o]
BF692.S785 1985 155.3'1 84-29923
ISBN 0-300-03424-5 (cloth)
0-300-05473-4 (pbk.)

The paper in this book meets the guidelines for permanence and durability of the Committee on Production Guidelines for Book Longevity of the Council on Library Resources.

10 9 8 7 6 5 4 3

CONTENTS

CHAPTER 9

Psychoanalytic "Research" on Homosexuality: The Rules of the Game

In this chapter, I shall use homosexuality to exemplify how the way we analysts write our reports not only can serve to distort our observations but also shapes our theories and conclusions, with resulting ethical, moral, political, and other social consequences.

Expecting to lose friends in the process, I nonetheless want to write an essay drained of visible theory and data, built out of problems that allow only one reckoning: we—psychoanalysts and everyone else, professional or otherwise—do not understand homosexuality. Our ignorance includes not knowing what is to be called homosexuality; what its dynamics, etiology, epidemiology, life course, and prognosis are; and how it is best treated, how we apply research techniques to compare our treatment—our techniques and our results—with another or with none; and what the long-term effects of treatment are. The rules of the game have not yet been established.

I do not deny that anyone's findings, theories, conclusions, or recommendations about homosexuality are correct but only insist that *we cannot know when anyone is correct*. My questioning of the authorities comes less from poor training, weak scholarship, modesty, discretion, passivity, or cowardice than from the megalomanic idea that I can detect ignorance beneath the appearance of knowledge and can get others to agree. The claims underlying my argument are two: that none of us has done the work that yet warrants formal acclamation, and that we cover our lack of demonstrable, reliable observations by

manipulating words, not variables.[1] I offer no new ideas or theories.

This chapter would fare better were it offered during a conversation over drinks rather than as a formal piece of writing to readers expecting a formal piece of writing. Each circumstance has its rules. I remind you now of those for the presentation game.

I. RULES FOR PRESENTING AND PUBLISHING

1. Use the rhetoric of science, a formal, not a conversational, writing style:
   a. Good scholarship—proper citations and intelligent review of the literature.
   b. Heavy use of technical language (*cathexis, deneutralization, projective identification, narcissism*), for which we have less agreement on definitions than we admit publicly or to ourselves.
   c. Ponderous tone ("a function of the narcissistic libido which is amalgamated with the object cathexes").
   d. Replacing modest truths such as "I think" or "I guess" with prouder statements such as "I submit" or "The analysis of a number of cases reveals the likelihood that it is substantially true, as Hartmann has conclusively shown, that . . ."
   e. Using pseudoquantifying words to bring science to one's declaration (*extreme, overwhelming, normal, archaic, healthy, borderline;* "in a *considerable number* of cases I have found that . . ."; "the patient was *obviously extremely* narcissistic, *almost* psychotic"; "the fixation *points* of the *central* psychopathology of these cases are *located* at *a rather early* portion of the time axis of psychic development").
   f. Granting ourselves authority by declaring that we are discoverers. ("It was established beyond all doubt that . . ." and "the analysis revealed beyond all shadow of doubt that . . .," says Freud twice on one page. He lays it on even thicker: "The position of affairs which I shall now proceed to lay bare is not a product of my inventive powers; it is based on such trustworthy analytic evidence that I can claim objective validity for it"[1920, p. 156].)
   g. Acknowledging publicly and repeating (*reiterating* is the grander word) endlessly that our work is scientific and that we are scientists.
2. Take the position, and review the literature to show, that we analysts share a corpus of knowledge ("our science").
3. Offer as data—as acceptable observations—anecdotes a few paragraphs long in which the audience can experience none of that went on in the office.
4. Pretend to take on good faith one another's reports while at the same time either not believing them, if we dislike the authors, or witlessly swallowing the words of our heroes.
5. Find a quote from Freud that agrees with our position or note that, had Freud lived, he would have come to see what we discovered.
6. Shape our argument in adherence to our present school.
7. To support our disagreeing with a colleague's interpretations, style of practice, line of argument, or conclusions, be convinced that, unlike us, he or she was not practicing analysis ("it is only psychoanalytic psychotherapy") or is not an analyst. And ignore that there are no criteria yet for

1. Home (1966) speaks for many of us:
The stimulus to write this paper has come from attending the scientific meetings of psychoanalysts for many years. From the first I was overwhelmingly struck by the essential incomprehensibility of the clinical papers couched in what is often called "technical language" and by what seemed to me the philosophical naivete of the theoretical papers. Although part of my difficulty sprang from lack of experience in the clinical situation, ten years of clinical work has only served to strengthen my initial impression that, although all the authors I heard undoubtedly meant something by what they said, and although I have learned from experience to interpret what they say to some extent, yet a great part of what was said did not in fact, in a strict sense, mean anything. The formal meetings stood in contrast to clinical discussion in informal seminars where meanings were readily communicated in more ordinary language. Part of a sentence from a paper by Sandler "On the Concept of Superego" (1960) may serve to illustrate the point. He writes: "The two techniques of restoring a feeling of being loved (of increasing the level of libidinal cathexis of the self). . . ." The first part of this sentence seems to me completely comprehensible, the second part is, I believe, meaningless. (p. 42)

deciding who is "really" practicing analysis or who is "really" an analyst.

8. Handle ignorance gingerly; admitting a bit is charming, but admitting a lot invites the audience to feel we have nothing to say.

II. RULES FOR DISCUSSING HOMOSEXUALITY

Here I shall take a different tack from that of the first section and, rather than list the rules, shall only remind you how wobbly argument, rhetoric, and failures of definition are inflicted on and accepted by the uncomplaining toilers in the analytic fields. Let us start with my claim that we do not understand homosexuality. When we see or hear the words *homosexuality* and *homosexual*, we do not question their meaning. We should, for though we agree each refers to the conscious erotic desire for same-sexed people, this is only the beginning of their meanings. Yet in analytic writings, they are not defined.

Why no definitions? I guess because of what at first seems good reason: "everyone knows" that homosexuality refers to the desire for or the practice of erotic relations with a person of the same sex. What could be simpler; it goes without saying. But such a definition seems unsophisticated. It does not even hint at the complications that arise when we look below the surface to find dynamics and origins, when we contrast conscious and unconscious states, and when we see how the homosexual impulse can be turned to emerge in other forms than manifest desire for same-sex people. But once we recognize these factors, the chance for definition slips away. As with so much else in analysis, we must contend with the hidden, the silent, the obscure, the presence of the missing.

There are further problems. We also know that *homosexual* may label gender disorder (as in the idea that the homosexual defensively identifies with the opposite-sexed parent), and *homosexual* then can appear in the sentence without the author's making clear whether the reference is to erotic or gender impulses or both. Though a great insight, extending the meaning of homosexuality into these unconscious and defensive dimensions has its price: an adjective may become a noun, with the owner of a homosexual *impulse* now called *a* homosexual. What had been just one impulse among others has been changed, by the magic of words, into an identity, a condition, disorder, disease, perversion. And then we find careless writers (sometimes, I think, not just careless but accusatory) saying that "homosexuality"—not quite the same thing as "homosexual impulses"—is at the root of countless pathologies: psychoses and lesser forms of paranoidness, alcoholism, addictions, all of what are now called gender disorders, fetishism, masochism, sadism, in fact all perversions (even the lesser ones—for example, "the homosexually tinged desire to put it [fire] out with a stream of urine" [Freud 1932, p. 187]), heterosexual excesses such as promiscuity, depression, jealousy, friendship, tenderness, hatred, even "all neurotics" (Freud 1905, p. 166)—that is, everyone.

But if it is there in us all, then what test will tell us when it is etiologic? (First repeat: I am not saying that homosexual impulses do not cause defenses, only that we have no accepted rules of demonstration.) How shall we measure when homosexuality (or bisexuality when we want to connote the heterosexual side as well) is not just an aspect of humanness but a pathologic process? Obviously, when it is stronger than normal, opposed by less effective defenses, or qualitatively different, for example, "narcissistic."[2]

When, in the last paragraph, I said "if *it* is there in us all" and "what test will tell us when *it* is etiologic," my *it*, if not modified, implies that we know what it—homosexuality—is. But we do not. Let me state, therefore, a position not often expressed in the analytic literature on homosexuality (not expressed, I think, because not agreed with): there is no such thing as homosexuality, and therefore there cannot be a unitary theory for the etiology, dynamics, or treatment. There are *the* homosexu-

2. By the way, what are the dimensions of a normal amount of homosexuality or of normal defenses? And can you show me—in a human, not in a jargon-loaded sentence—how I can detect qualitatively normal homosexuality (you know, the kind found in normals) from the pathologic kind (for example, "narcissistic," primitive," "archaic," "near psychotic")?

alities (see, for example, Bell and Weinberg 1978), and they are as varied in etiology, dynamics, and appearance as the heterosexualities.[3] Do we not also know that there is no such thing as heterosexuality but rather that there are the heterosexualities? I shall glance at that later.

I am not arguing here whether a homosexual impulse can play a part in manifest behaviors; I am only joining with others who warn against confusing a dynamic (which may be present only as a whisper, not as a roar) with a permanent structural state—the difference between saying "It is a homosexual impulse" and "He is a homosexual."

III. RULES FOR RESEARCHING HOMOSEXUALITY (OR ANYTHING ELSE) PSYCHOANALYTICALLY

What, then, are the rules of the game for measuring the strength of an impulse and for tracing its connections with other impulses and structures, for making analytic observations, and for reporting them, and who is the arbiter—the well-calibrated instrument—whose measurement can be trusted? If a colleague reports, for instance, that he finds it true and an essential factor that the homosexual is extremely narcissistic, he tells us that the homosexual is far more narcissistic than someone (the heterosexual?) who is simply normally narcissistic. So how are we to differentiate "extremely" narcissistic from "markedly" from "very" from "quite" from "rather" from "somewhat" from "a bit" from "not very" from "normally" from "narcissistic-with-no-modifier"? And then there is the problem that since none of us agrees with the rest on what behavior in a particular person (not just in general) we shall say is narcissistic, much less on what is narcissism, we have no

3. This business of definition has its consequences. As Marmor has said, "The issue of psychiatric classification of homosexuals is by no means a harmless or theoretical one" (1980, p. 392).

small problem in telling an extremely narcissistic impulse or act from one that is less so or one that has in it no narcissism at all.[4]

If a fundamental difference between a homosexual and a nonhomosexual man[5] is that the former has "archaically cathected objects," what shape will the archaically cathected objects take in the real world where we are to observe them and their effects, so that we shall know the archaic ones from the nonarchaic ones?[6] And if, as Freud said, we all have a bisexual constitution and latent homosexual impulses, how shall we differentiate the heterosexual's archaically cathected objects from those of the homosexual? By the homosexual's "weak ego structure based on narcissistic and prenarcissistic dispositions"? By the fact that "the boundaries of the homosexual ego lack fixity"?

The answer to these questions is that there are, say I, no rules to the research game played when analyzing our patients, since, for reasons of confidentiality, we can never let anyone else watch us collect our data (and even transcripts or tape recordings, though helpful, also have insuperable problems). No one, not even ourselves, can report exactly what happened.

We have, then, no definitions of such key words as homosexuality, narcissism, or archaically cathected objects. So we have no standard from which to measure difference. Let us look more closely at that problem.

4. My problem is even bigger, for I am one of those who do not believe there is any such *thing* as narcissism, or any such *thing* as beauty or happiness or time or normality or libido or cathexis or ego or psychic energy or neutralization or mind or self.

5. I pretend here that there are such simple things as a homosexual man and a nonhomosexual man.

6. Question: how old should something be to be archaic? Answer: quite, perhaps even very. Is its age what makes something archaic? Not age, but primitiveness. How do we recognize primitiveness? By how extreme is the narcissism. What is narcissism? The cathexis of the self. What is cathexis? The most primitive form of narcissism. Question: and what is self? Answer: how lucky we are to have metapsychology.

IV. RULES FOR ESTABLISHING BASELINES

We cannot have the abnormal without implying the normal, illness without health, aberrance without the fixed point from which we measure the deviance. How can we say "extremely," "weak," "decisive," or "powerful" without a scale that gives us the baseline? For instance, let us together look at a person—a particular one, here, now. George. He is very angry. Does his anger contain narcissism? (The popular terms used to be "orality" or "oral libidinal cathexes" or "preoedipal cathexes.") How much? We cannot measure the anger, much less the narcissism, by ergs of tooth grinding, rise in diastolic pressure, or degradation of acetylcholinesterase but only by looking, listening, feeling: we interpret what we see as meaning that he is very angry. (And were we careful, as Schafer recommends, we would know we could never measure anger, since there is no such thing, but only George being angry: *we have to measure George.*) Suppose George has learned how to keep from feeling angry, so that instead of being openly angry he grows more quiet. How do we distinguish (measure) his quiet-quiet from his angry-quiet, except by interpreting what we observe? When is he justifiably angry—"normally," "appropriately," "nonnarcissistically," "realistically"—and when is he pathologic? Suppose that George, when angry, is always openly angry. Is he so because he is insightful, frank, and trustworthy—that is, "normal"—or is he impulsive and narcissistically fixated at a symbiotically fused self-object stage? You say it is the latter; I say the first. On whom can we rely to tell us who is right?

We forget, as we read the journals and attend the panels, that our beliefs (formally labeled theory, hypotheses, concepts, principles, or findings) come from our direct observation of people; that we are fallible observers; that those who criticize our observations can never see what we saw (not that *we* ever saw what we saw), for the living moment never returns, not even on tapes; that we do not have the consensual validation we claim but only our belief, the belief of those who choose to believe us, and argumentation to make the audience share our belief and think we have more to give than belief.

Suppose a colleague claims that in the homosexual—*the* homosexual, not "some" or "a few" or "most" or "most I know" or "53.9 percent"—

> the archaic, narcissistic ego structure makes the ego vulnerable to the impact of libidinal stimulation, and renunciation of primitive gratification becomes difficult if not impossible. In his repetition compulsion the homosexual dramatizes a repeatedly unsuccessful attempt by the ego to achieve mastery of the libidinal and aggressive impulses and of the archaically cathected objects. In place of object cathexis, the ego seeks gratification in a short circuit act between the self and pseudo-objects, for example, between various substitutes for the ego and for parental images. (Socarides 1978, pp. 159–60)

Can you see how the words assume precise-enough measurement, as if there are techniques to do the measuring, so that the rest of us—skeptic or believer, Kohutian or Rosicrucian—can test the statement? Take just the first sentence, much less the rest of the words in that quote: *archaic, narcissistic, ego, structure, the ego, vulnerable, impact, libidinal, stimulation, renunciation, primitive, difficult, impossible.* (The false self of psychoanalysis is our jargonized theory.)

It is obvious that none of those words can be measured. But let us pretent they could. And now I claim to have a cousin, George again, who has an archaic, narcissistic ego structure that makes the ego (as a scientist I must not say "him," not even "his ego") vulnerable to the impact of libidinal stimulation, and so on. But I also claim that George is not a homosexual. He is a heterosexual. At least he says so, as does his wife, girlfriend, daydreams and choices in pornography, sexual history, and hunger for women's anatomy. I suppose—because I know that he is rather boastful about his erotic prowess, inclined to drink too much when socially ill at ease, given to telling jokes about queers, smokes big cigars, regularly plays poker with his male friends, and wastes weekends watching football on TV—that we can now claim he is a latent homosexual. Fair enough, since, by the rules of the libido-theory-game, everyone is.

Therefore, we need a usable definition of the heterosexual, since the heterosexual has been the baseline of normality

against which the homosexual is measured. We cannot use people such as George. He has too many flaws; his homosexuality just oozes out of him. (You might almost say it is what makes him heterosexual.) Worse than that, he is downright pre-Oedipal. But if we look in the analytic literature for examples of bona fide heterosexuals, those—male or female—not contaminated by conscious or unconscious latent homosexuality, we find in the thousands of cases reported that none fits; the closest we come are those personae of the Oedipal complex, "the father" and "the mother" (and they are only our patients' imaginary, shifting versions of real people). Nor do we find a definition of the state. Rather, the definition is assumed, since "the heterosexual" is made to by synonymous with "the normal."

The following represents this rationalization, so helpful to analytic researchers. "In normal heterosexual development the masculine needs of the male become to a great extent ego invested, that is, the ego feels the need to discharge personally and directly his masculine tension" (Socarides 1978, p. 113). "Weiss . . . has stressed that children of both sexes identify in varying degrees with both father and mother. In normal sexual maturation, however, only the introjected parent of the same sex is maintained while that of the parent of the opposite sex is externalized in a modified form (ego passage [?])" (p. 114). "Beneath an apparent willingness to get well, the real intent of some patients may be to prove that homosexuality is as rational as heterosexuality" (pp. 418–19). "With therapy the patient ultimately moves in the opposite direction; first he prefers homosexual fantasy instead of acting out the irresistible impulse, next he attempts heterosexual fantasy, and ultimately he achieves heterosexual reality" (p. 419).

Here, in males, are some of the heterosexual realities with which clinicians are familiar: sadism, masochism, voyeurism, exhibitionism, satyriasis, preference for prostitutes, rape, frottage, masturbation with pornography as more exciting than using live females, incest, necrophilia, pedophilia with girls, infantilism (the diapers pinned on by a female), coprophilia, urophilia, klismaphilia (the stimulus delivered by a female), telephone scatologia, amelotatistism with heightened SAK preference, preference for women in jodhpurs, excitement with other men's wives but not one's own, and preference for fat women, thin women, tall women, short women, blonde women, redheaded women, steatopygous women, big-busted women, small-busted women, black women, white women, Italian women, Jewish women, Gabonese women, Thai women, women with a cute little penis (a.k.a. clitoris), ladies, actresses, policewomen, poetesses, and women who are jet copilots.

Where is our paragon? What did you say was the definition of the heterosexual?

We read that the essential ingredient of homosexuality is "the unconscious and imperative need to pursue and experience sexual pleasure and orgastic relief with individuals of the same sex," an act that "expresses, in a distorted way, repressed forbidden impulses and most often brings temporary relief, either partial or complete, from warring intrapsychic forces." Does that "essential ingredient" not also hold—except that one's object is of the opposite sex—for "the heterosexual"? How many happy heterosexuals do you know? How many of them are untainted by archaic and primitive narcissistic cathexes? Those of you with extensive experience in treating the heterosexual may disagree that the following insights are confined to the homosexual:

> In essence we are confronted by a condition which baffled clinical investigators attempting to determine its etiology. Of all the symptoms of emotional origin which serve simultaneously as defenses, homosexuality is unique in its capacity to use profound psychic conflicts and struggles to attain, for limited intervals, a pseudoadequate equilibrium and pleasure reward (orgasm), often permitting the individual to function, however marginally and erratically.
>
> This neutralization of conflict allows the growth of certain ego-adaptive elements of the personality, and the homosexual may therefore have appeared not ill at all to others except for the masquerade in his sexual life. (Socarides 1978, pp. 3–4)

> In clinical experience, nevertheless [i.e., in opposition to the report of other workers], the connection between homosexuality and both paranoid schizophrenia and paranoia is striking in a great number of patients and it occurs with considerable regular-

> ity. Although this material may not be on the surface and therefore cannot be garnered by statistical methods, paranoid content may appear during the therapy of any homosexual. It is clear that the homosexual fears persecution and attack on many levels. Some of these, social censure, for example, seem realistic, but others involve threatened castration at the hands of either parent or both. He fears anal attack; he fears the use of feces as a destructive, powerful weapon against him; and he fears poisoning due to intense, oral-sadistic incorporative drives. The presence of archaic mechanisms suggest [*sic*] the primitive introjective-projective dilemmas which beset him. (pp. 60–61)

"Every homosexual remains strongly fixated to his mother." Suppose I say, "As the result of extensive experience with full analysis of many men, I can assert that every heterosexual remains strongly fixated to his mother"? Does such an announcement appeal to your scientific sensibilities? (Imagine a paper entitled "The Psychoanalysis of a Heterosexual." How mystifying that would be.)

Second repeat. I am not saying that the homosexual is not—to quote some of the juicier phrases in print—an archaic narcissistic—maybe even prenarcissistic—anal erotic, orally enraged, intractable, borderline, overwhelmed, profoundly regressed, passive, masochistic pervert, catastrophically threatened with annihilation of the self in psychoticlike reactions, his lifelong intolerable anxiety masked by pseudoadequate equilibrium, neutralization of conflict, and growth of certain ego-adaptive elements of the personality so that he may therefore have appeared not ill at all to others. (One does not say "sinner" in analytic circles. And we "cure," we do not "save.") I am only saying that these words do not really describe, measure, or define and that we cannot pick out in the real world those who fit the description and those who escape. I am not offering new findings to refute old, only trying to show how technique of argument can be the weapon of analytic research more than is data collecting.

V. RULES FOR WRITING A REPORT ON HOMOSEXUALITY

In a science such as physics, one can describe what one observed without needing a subtle vocabulary and an articulate if

not artful writing style. The report does not create or even shape the findings. But in reporting an analytic observation, there cannot be even a sentence that is not the writer's interpretation—that is, modification, editing, translating—of each observation. Let me show what I mean by opening a journal, finding each paper's section on what went on with a patient, and choosing a sentence at random from each: "I think we have here a type of projective identification in which despair is so effectively loaded into the analyst that he seems crushed by it and can see no way out"; "The silences had a sad, depressive quality but they did not suggest anger"; "We discovered that they had infantilized Arthur and alternately projectively identified him with these grandiose fantasies and then exploited his helpless, dependent, depressed inept aspects"; "Alice's dreams of love and yearning for John reveal what she must repress, because to face the loss of a much-loved man would cause too much pain"; "During the course of his analysis, the dynamic interplay between this ego pathology and the traumatic-depressive nature of his nuclear family milieu—dominated by a narcissistic and brutalizing mother and a largely absent and idealized father—became the core element in his emerging transference neurosis"; "Doubtlessly for a young boy of 6 or 7 such a situation inevitably must be experienced as a severe narcissistic humiliation, must give him the feeling of being 'impotent' *vis à vis* his mother"; "At times the distinction between his father and the analyst was not maintained, and his expectations of criticism and belittlement from the analyst were identical to those he had experienced from his father"; "Thus her sexual fantasy could be understood as a wish that her mother, represented by the repulsive woman in the fantasy, was still in control of her body because sexual excitement for her was identified with uncontrollable violence against her mother's babies"; "My patient is a presentable, attractive Englishman."

These are the words the writers chose for conveying what they felt was happening. Read each sentence carefully. Suppose you needed to know, say, as in a courtroom or in a piece of scientific research, just what had happened. Could you? And has there ever been a paper that could tell us what to do next with our patient at this moment? Take what is perhaps the

simplest, least theoretic of any descriptive word in these sentences: *sad*. Its meaning should be clear enough. What more do we need from the author? (The answer is in chapter 12.)

You know that these judgments form an endless stream (and are far more than one affect thick at any moment) from beginning to end of each hour.

If I say my patient was sad, why should you believe my report? Because I have been analyzed, because I am an analyst, because you like me, because I am/am not a Kleinian, am/am not in private practice, am/am not a man, was/was not analyzed by Freud, am/am not a necrophiliac or frotteur or homosexual or heterosexual, am/am not a good therapist, do/do not honor my father and my mother, am/am not a vegetarian or Type A personality, am/am not a training analyst, am/am not Hungarian, have/do not have tropical fish in the office?

We are, then, in a field that relies on accurately evaluating minute, primarily subliminal behaviors and that needs data, such as fantasies, memories, and affects, that are, sadly, impossible to measure. And these microscopic observations and immeasurable measurements must be made with a rampantly fallible instrument, the analyst. Should we not therefore make our claims with more humility?

VI. RULES OF THE GAME FOR PRESENTING CLINICAL MATERIAL

What conclusion regarding the nature of homosexuality can we draw from a case presentation, spoken or written, formal or informal? I wish we could agree that no matter how authoritative a speaker or writer, no matter how well formed the report, no matter how aroused we get on one side or another of an issue, a case presentation cannot tell us what happened in the reality of any moment of treatment. To write a narrative description of a clinical moment—of *any* moment between two people—is like presenting a piece of music by describing it only in words. Even when we have an exact transcript, we do not know: think of the innumerable interpretations possible for a great drama or of how differently two orchestras play the same score.

This does not mean that we cannot teach by means of clinical anecdotes, only that we cannot reach scientific conclusions thereby; for the latter we need data, while to teach, for example, clinical skills, we work via impressions, beliefs, imagery—from our convictions rather than from facts. Yet we analysts are forever coming to conclusions and insisting that we do so from reality. And, unwilling to display uncertainty, we try to create validity from persuasive sentences. We coerce.

Having struggled for years to give clear clinical descriptions, I have no illusions that in anyone's presentation what is said is what happened. We give impressions only, and our purpose should be to create impressions, not Truth. On the other hand, though it does not have the trappings of science, one-to-one discussion, as in supervision, has a better (but perhaps still not very good) chance of approximating clinical realities. Therein, depending on the quality of the relationship between the participants and the amount of time they have, misapprehensions can be cleared up, and in the benign atmosphere of the supervision—so different from that of the formal meeting or published paper or book—people can better understand each other. In a formal presentation, however, ambience and personal style play too great a part. Scientific issues—and this does not happen just in psychoanalysis—are battered by politics, charisma (that is, seductive paranoia), and our techniques as entertainers. But we should not forget that there need be no relationship between a presentation that teaches, that stimulates, that even gives us something new and important and the question of whether that presentation reflects "what actually happens."

VII. CONCLUDING RULES, ALL OBVIOUS, NONE NEW

The foregoing remarks allow me to pinpoint my argument. Rule 1: anyone can assert anything. Rule 2: no one can show anyone is wrong, since no one can check anyone's observations (including his or her own). What is left, then, but bombast, scientific or otherwise?

The passing years, with their burden of more clinical knowledge, have, I fear, shown that we analysts have not done well

in trying to understand homosexuality. In fact, we have been as inept as we were before correcting the matter in our theories of the development of females and femininity (*JAPA* 1976). The way toward better understanding, then, begins with our understanding how little we understand. Rule 3: ignorance can be wisdom.

Dynamics, we sometimes know, are not necessarily explanations. Dynamics found in everyone cannot be used to explain particular states. To understand a psychic event, what counts is not the presence of a dynamic but its quality, form, intensity, timing, underlying biologic pressures, and the nature of the defenses surrounding it. Because dynamics are not palpable but must be inferred from behavior, we can decide on their significance only by what we observe in the clinical situation. But there is no way the clinical situation can be shared with an objective observer. Even worse, there are no objective observers, not the patient, the analyst, or anyone farther removed. Rule 4: use dynamics warily.

On admitting the dangers in dynamic explanations, we can dispense with grandiose, overinclusive answers and turn to the joy of the admitted question. Rule 5: ease up; forswear rhetoric; love clarity; relax.

Our clinical descriptions, boggy with their load of proclaimed but undemonstrated unconscious dynamics, leave out the person and the moment. Rule 6: describe people as we see, hear, or otherwise sense them, carefully and in detail. Do not use the metapsychology language in the midst of clinical description sentences.

We ask theory to explain so much. Rule 7: when it comes to deneutralized narcissistic projective identifications of the self object, less is more.

Is it improper to suggest that some analysts' problems in understanding homosexuality have—to put it delicately—psychodynamic roots? That would tell me, as the more rational explanations do not, why we have by-laws against accepting homosexuals as candidates, members of the faculty, or supervising and training analysts. The justification for such regulations is our "knowing" that these people must, by definition, be as

alleged: fatally flawed psychoticlike creatures in states of near-annihilation of the self (covered over, of course, by normal-appearing behavior). If we mindlessly judge people that way—"everyone knows it"—then we are very cruel. How many grossly, overtly heterosexual candidates have been accepted and been graduated who—as their analyses demonstrated and their later behavior confirmed—have severe character defects? We have transformed diagnosis into accusation, covering our behavior with jargon. But though it hides hatred, it promotes cruelty; jargon is judgment. It serves hidden agendas. We should tighten our logic and loosen our by-laws. Rule 8: stop picking on homosexuals, whether patients or colleagues.

My last potshot is aimed at analytic colleagues. Nothing here is new, remarkable, subtle, hard to confirm, or beyond belief. At least half of you believe at least half of it. Yet hardly a twitch of recognition surfaces in the literature. Rule 9: let us then, regarding homosexuality, start afresh.

Final note. You recognize, of course, that this is not really a report on homosexuality but, rather, one that uses homosexuality as an example of the failure of psychoanalysis, so far, as science.[7]

7. The dictionary (*Webster's* 1961) gives definitions of *science* broad enough to include psychoanalysis. To quote a few: "possession of knowledge as distinguished from ignorance or misunderstanding"; "knowledge possessed or attained through study or practice"; "a branch or department of systematized knowledge that is or can be made a specific object of study"; "studies mainly in the works of ancient and modern philosophers"; "accumulated and accepted knowledge that has been systematized and formulated with reference to the discovery of general truths or the operation of general laws"; "comprehensive, profound, or philosophical knowledge." Some of the examples used are "The basic tool sciences of reading, writing, and ciphering; . . . theology ("The queen of the sciences"]; . . . sport; . . . the science of evading work; . . . cards; . . . fencing; . . . boxing; . . . works . . . formally taught . . . at Oxford University; . . . subjects taught in one of the departments of natural science." Add library science, mortuary science, Christian Science, and Scientology.