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Organization (at the time of the grant):

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Title of Research:

(At the time of the grant) Harry S. Sullivan: A Progressive in the Age of Anxiety

(Dissertation Title) Private Practices: Harry Stack Sullivan, Homosexuality, and the Limits of Psychiatric Liberalism

Purpose of Research:

My dissertation examines a life of Harry Stack Sullivan (1892-1949), a founder of interpersonal theory of mental illness, with a focus on his clinical practice. Between the 1920s and 1940s, Sullivan played a crucial role in the progressive reform of psychiatry. Over-crowded large-scale state mental hospitals were one of the major concerns of psychiatric reformers. A solution these reformers proposed was to establish small-scale private psychiatric clinics for patients in the early stage of illness. In so doing, they attempted to minimize the number of chronic patients who needed custodial care at state institutions. Sullivan was one of the psychiatrists who advocated this transformation. In 1929, he completed his clinical research on severe psychoses, and turned to mild neuroses at his private clinic. Also he founded a psychiatric foundation to promote education for and research on the preventive psychiatry. During the war, he introduced psychiatric screening into the Selective Service, intended to preclude mental problems in the armed forces. But the psychiatric reform had its limitation. First, needs of chronic patients became less and less recognized. Second, privatized practices often served as a hotbed for psychiatrists to abuse their authority. In examining Sullivan's career, my dissertation addresses problems of the progressive reform of psychiatry, including the tension between public and private sectors, the balance of power between doctors and patients, and issues of medical ethics. They are crucial issues to better understand contemporary efforts of Japanese psychiatric communities toward deinstitutionalization and community care, which have been developed under a significant influence of the psychiatric reform in the United States.

Content/Methodology of Research:

My dissertation addresses crucial issues that past studies on Harry Stack Sullivan have not examined and thus will be an important contribution not only to the history of psychiatry, but also to the history of the social sciences and the humanities where Sullivan has had great influence. There are a number of studies that have discussed his theoretical accomplishments, but few that have told us about his clinical practice. There are a few articles that have addressed the fact that he was a homosexual man, but little has been said about how it shaped his ideas and practices in a profession that defined homosexuality as a mental disorder. Despite the accumulation of literature on the history of psychiatry since the 1970s and its well-accepted picture of the profound change that American psychiatric profession and its clients experienced during the first half of the twentieth century (e.g. transition from large state institutions for the custodial "care" of chronic patients to small private hospitals and clinics for the intensive "treatment" of hopeful cases), there is no study that has critically examined how these transformations influenced Sullivan, one of the most important advocates of psychiatric reform. Moreover, despite the recent revision of the traditional approach to "great" scientists, which have changed hagiographical accounts of scientific "discoveries" into careful examinations of socio-cultural, political, and personal circumstances that shape scientific endeavors, most studies of Sullivan have remained uninterested in the norms, beliefs, and passions that he shared with his contemporaries. For these reasons, my dissertation examines his professional and personal life in intellectual, institutional, and socio-cultural contexts of American psychiatry and the social sciences between the 1920s and 1940s. Using his clinical records and interviews with his former patients and students, a significant part of which have not been used in past studies, my dissertation explores Sullivan's clinical practices as well as his ideas.

Conclusion/Observation:

My focus on clinical practice sheds new light on how certain standards and expectations lay beneath the better-known aspects of Sullivan's work. For example, these sources demonstrate that patients who responded well to his highly intellectualized approach were given opportunities for further intensive treatment, while those who did not fit into his approach were transferred to state institutions. Also, these sources reveal how his struggle with his homosexuality influenced his clinical practice, in particular when he worked with his patients whom he believed had problems rooted in their homosexuality. Through his clinical practice, he came to believe that physical affection between male attendants and male patients, and even sexual intercourse between him and his patients were

therapeutically useful. His apparent intention was to reduce patients' sense of guilt and shame for their socially stigmatized sexuality. But he kept such practices secret in his inner circle. In his theoretical writings, he continued to argue that homosexuals were immature individuals, and did not challenge mainstream psychiatry that defined homosexuality as illness. All of this helps us better understand Sullivan in a complex clinical world, and replaces the simple view of him as "progressive" and "humanistic" reformer.

Sullivan's tentative approach to issues of homosexuality further revealed its limitations when he worked for the screening of registrants for the Selective Service during the war, and for the postwar international organizations such as the World Federation of Mental Health. Instead of finding an effective way to talk to the broader audience, he continued to use the approach he had used in a small group of his followers. Thus he failed to bring his views into a public discussion. For example, he failed to persuade the military not to eliminate homosexual men from the armed forces. To be sure, he attempted not to address "homosexuality" as an independent reason for rejection, in order to lessen the impact of stigmatization. He suggested that the criteria use more descriptive, indeterminate terms of "queer" and "schizoid." But such effort did not produce a desired result. I argue that this was because his approach to the issue of homosexuality was not determinant and confrontational enough to make a difference in a public policy. Sullivan, as well as the psychiatric profession, had became more and more privatized and specialized in the 1920s and 1930s, and lost crucial connections to public policies. Sullivan pursued a liberal reform in the specific field of psychiatry, but with serious constraints on his theory and practice. My dissertation thus clarifies limitations of psychiatric liberalism, as it went through what historian Gerald Grob has called the "amorphous" time of change in the profession--the 1920s and 1930s--and the subsequent war, when psychiatry burgeoned into a respected, expansive, and popular science.