



"Care of the Afflicted Flock": Pastoral Counseling, Psychiatry, and Disorderly Sexual Subjects

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“Care of the Afflicted Flock”:
Pastoral Counseling, Psychiatry, and Disorderly Sexual Subjects

A dissertation presented

by

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to

The Committee on the Study of Religion

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Pastoral Counseling, Psychiatry, and Disorderly Sexual Subjects

Abstract

While scholars have argued that modern medical authority over sexuality stands in some relation to earlier religious discourse, modern religion and its new relationship to medicine are absent from these narratives. This dissertation takes up just such a study through narrating the emergence of modern pastoral counseling and its assumptions, categories, and therapeutic techniques, all of which were deeply entangled with modern sciences of the mind. Modern pastoral counseling marks a decisive discontinuity from the long tradition of philosophical and Christian care for the soul in its relation to medicine and in its view of the self. This dissertation argues that mid-century American Protestant understandings of sexuality depended on a modern psychological conception of the self.

Through analysis of archival documents, theological texts, and hospital case histories from the early clinical pastoral training movement, this study investigates the shifting pastoral rhetoric used to understand sexual maladjustment, and it traces shifting attempts to rework Christian sexual ethics. While psychiatry was the primary framework for making sense of queer love—at times even for queer people themselves—some fashioned new and imaginative languages for expressing forms of queer love and queer religion. Juxtaposing clinical discourse with these diverse genres not only illuminates the limits of contemporary debates about religion and sexuality, but it also illustrates the importance of studying entanglements of religion, science, and medicine in everyday life and social practice.

TABLE OF CONTENTS

Acknowledgements	v
Introduction.	
(Modern) Care of the Afflicted Flock	1
Chapter 1.	
Clinical Pastoral Christianity and Sexual Madness	20
Chapter 2.	
Shepherds of the Personality: The Medical and Scientific Roots of Modern Pastoral Counseling	65
Chapter 3.	
Sexual Reformations: Christian Ethics and the American Sexual Mystique	111
Chapter 4.	
American Psychiatry and the Pastoral Counseling of Homosexuals	168
Chapter 5.	
Fabulous Imaginaries: Queer Writing and the Language of Resistance	231
Conclusion	
New Labyrinths of Abnormal Sex	273
Bibliography	277

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INTRODUCTION

(Modern) Care of the Afflicted Flock

In 1955, a man given the pseudonym “Mr. Lin” went to the counseling center of American psychologist Carl Rogers for help. At the time, Rogers was in the process of arranging to have “motion pictures” taken of the center’s therapeutic interviews. Mr. Lin agreed to participate, and later returned to have his first interview with Rogers recorded. They sit across from each other in the grainy black and white film. Pallid light from a tall geometric lamp bleaches their faces as their voices echo through hollow sound quality and jumpy volume modulation. In the introductory remarks appended to the film, Rogers explains that he did not know the nature of the problem when the interview began. Mr. Lin waits no more than thirty seconds to state his problem. “The fact remains, it’s homosexuality. And I want to change.”¹

Rogers’ “client-centered counseling” was the dominant model of American pastoral care in the 1940s and the 1950s.² The filmed interview depicts this form of counseling, and it illustrates an approach to navigating matters of sexual concern common among psychologists and pastors alike. Rogers is calm and steady, an attentive listener throughout the interview. Mr. Lin’s self-analysis is laced with Rogers’ murmurs of agreement. Halfway into the conversation, Mr. Lin begins prodding other knotty troubles. He wastes time instead of practicing piano. He reads books, but never critically.

¹ Carl R. Rogers and Reuben Segel, *The Case of Mr. Lin, Part 1, Psychotherapy Begins*, directed by Reuben H. Segel (University Park, PA: Penn State University, 1955), DVD. See also “Mr. Lin,” YouTube video, filmed 1955, posted by “SaybrookUniversity,” October 4, 2012, <https://www.youtube.com/watch?v=a8NDuSYQfOA>.

² As historian Brooks Holifield phrases it, Rogers’ “was the first systematic theory of psychotherapy that attracted widespread support among the liberal Protestant clergy.” E. B. Holifield, “Carl R. Rogers,” in *Dictionary of Pastoral Care and Counseling*, edited by Rodney J. Hunter (Nashville: Abingdon Press, 1990), 1091.

Rogers describes the development of their first interview as “somewhat characteristic” in an epilogue to the film. He explains that Mr. Lin initially identified his problem by a “certain label,” but as he gradually “[began] to get more and more into his experience,” he saw that the problem was “not that labeled thing.”

In Rogers’ epilogue, homosexuality is not a problem in itself that warrants treatment. Rather, it is symptomatic of a more general problem—one that “lies more in [Mr. Lin’s] total experience.” In a postscript added to the film, Rogers explains that Mr. Lin began to recognize “themes and threads running through his life,” and when he returned several weeks later, he “began to dig much more deeply and more seriously.” In Rogers’ words, Mr. Lin eventually “did make the choice to attempt to seriously reorganize” not only his behavior, but also that foundational concept of modern psychology, his *personality*.

In this dissertation, I narrate the emergence of modern pastoral counseling and its assumptions, categories, and therapeutic techniques, all of which were deeply entangled with modern sciences of the mind. I examine the religious and medical clinical practices used to facilitate “normal” sexual development and to navigate shifting forms of sexual maladjustment. At stake are not only new languages and counseling practices, but also the very notion of the person. Indeed, twentieth-century Christian understandings of sexuality depended on a modern psychological conception of the self. This dissertation adds a chapter to the history of the modernization of Christian ethics and theology, one that illustrates a decisive discontinuity from the long tradition of philosophical and Christian care for the soul.

The Care of Souls: From Medicine for Sin to Medicine for the Psyche

Many mid-century American Christian authors indicated a connection between modern pastoral counseling and earlier practices of “care for the soul.” In some accounts, however, this avowed connection to Christian history stood in tension with claims that recent advances in modern science opened strikingly new forms of pastoral practice. In a 1951 article, eminent pastoral theologian Seward Hiltner suggests that both ancient and modern practices of soul care are among the “collective and diverse efforts of the church to bring the individual’s life, thought, and behavior to the point where, in the church’s judgment, it ought to be.”³ Hiltner also raises the question of what is “genuinely new” in modern pastoral counseling.⁴ For Hiltner and many authors raising this question at the time, whatever was new about pastoral counseling seemed to proceed from the rise of the modern “sciences of man.”⁵ As historian Charles Kemp suggested several years earlier, they “invaded the very area of the soul.”⁶ This relationship between modern pastoral counseling and a cluster of modern “sciences” that includes psychology, psychiatry, psychoanalysis, and social work marks a profound discontinuity in the tradition of Christian soul care in two essential ways.

First, modern clinical and medical sciences are not considered as exclusively analogical or parallel therapeutic enterprises in the modern pastoral counseling literature. Historically, by contrast, medical metaphors and analogies have been prominent in literature on the care of the soul. They are key features, for example, of many early and medieval texts on pastoral care. Consider Gregory’s sixth-century *Book of Pastoral Rule*

³ Seward Hiltner, “The Literature of Pastoral Counseling—Past, Present, and Future,” *Pastoral Psychology* 2, no. 5 (June 1951): 20-21.

⁴ *Ibid.*, 20.

⁵ *Ibid.*, 21, 25.

⁶ Charles F. Kemp, *Physicians of the Soul: A History of Pastoral Counseling* (New York: The Macmillan Company, 1947), 69. Kemp was writing about psychology in particular, which was perhaps the most pronounced influence in the early-20th century.

(*Liber regulae pastoralis*)—a book that Michel Foucault describes as “the basic text of the pastoral throughout the Middle Ages, the Bible if you like, of the Christian pastorate.”⁷ Most of this text, which describes “the care of souls” as “the art of arts,” gives instruction on how the spiritual director should teach.⁸ Gregory uses analogies to medicine throughout the book.⁹ He describes the pastor as the “physician of souls” who treats “the wound[s] of sin;” one “skilled in heavenly medicine” who “carefully combat[s] the spiritual illnesses of each person with the appropriate remedies.”¹⁰ A similar notion of penance as medicine is prevalent in the penitential literature such as the penitential of Cummean, which is described in its opening words as “the health-giving medicine of souls.”¹¹ The rhetoric of twentieth-century pastoral literature indicates an important difference in the relationship to medicine through phrases such as “pastoral psychiatry,” “Christian diagnos[es],” and “scientifically Christian answers.”¹² Modern pastoral counseling literature does not rely on *analogies* to medicine; it is shaped by the assumptions and vocabulary of modern clinical and medical sciences. This inextricable

⁷ Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France 1977-1978*, ed. Michel Senellart, trans. Graham Burchell (New York: Picador, 2007), 153.

⁸ Gregory the Great, *The Book of Pastoral Rule*, trans. George E. Demacopoulos (Crestwood, New York: St. Vladimir’s Seminary Press, 2007), 29. Indeed the very need for teaching rests on a medical analogy: “For who does not realize that the afflictions of the mind are more hidden than the internal wounds of the body? And yet, how often do they who are completely ignorant of spiritual precepts profess themselves physicians of the heart, while anyone who is ignorant of the power of medicine is too embarrassed to be seen as a physician of the body” (29).

⁹ *Ibid.*, 29, 43, 47, 67, 87, 92, 106-107, 116, 117, 121, 122, 133, 156-7, 158-9, 161, 168, 171, 192, 202, 203-204.

¹⁰ *Ibid.*, 203, 67, 171, 202.

¹¹ “The Penitential of Cummean,” in *Medieval Handbooks of Penance*, translated by John T. McNeill and Helena M. Gamer (New York: Columbia, 1938, 1990), 99.

¹² “Pastoral Psychiatry” is used as the title of John Sutherland Bonnell’s *Pastoral Psychiatry* (New York and London: Harper & Brothers Publishers, 1938), Hiltner uses “Christian diagnosis” in *The Christian Shepherd: Some Aspects of Pastoral Care* (New York: Abingdon Press, 1959), 60 and 75, and an anonymous minister wrote to the journal, *Pastoral Psychology*, in search of “scientifically Christian answers” in “The Consultation Clinic on Homosexuality” *Pastoral Psychology* VI (September 1955): 49.

entanglement is related to a second and more crucial difference between ancient and modern care of the soul—the very notion of the human self.

Hiltner hints at a new notion of the self in analyzing this genre of early “soul-guidance literature,” that is, the “penitentials, books and pamphlets [that sought] to guide the confessor and authoritative priest in his administration of penance.”¹³ While these texts “suggest many insights into human character,” Hiltner notes that “their focus is the offense, not the offender.”¹⁴ The self that is assumed by this “offense-centered... static and legalistic” literature stands in contrast to an understanding of the self that “distinguishes [the] current viewpoint in pastoral counseling from nearly the whole body of historical belief and practice of soul guidance.”¹⁵ Hiltner explains that the modern self is understood according to the “developmental notion of persons.”¹⁶ In light of this new notion, merely identifying an offense was insufficient; the key question became, “What does this behavior *mean* to these people?”¹⁷

Pastoral interest in the *meaning* of behavior took shape around two poles. The first was the meaning that individuals attributed to their own behavior in light of external circumstances and their emotional states. The second, which was deciphered by the pastor, was the meaning of behavior in the context of an individual’s growth and personality development. The meaning of behavior in these two senses provided crucial insight not only into the most promising counseling approach, but also into an individual’s *character*—a concept that was newly linked to shaping behavior. Indeed, the

¹³ Hiltner, “The Literature of Pastoral Counseling,” 22.

¹⁴ *Ibid.*, 21.

¹⁵ *Ibid.*

¹⁶ *Ibid.* Hiltner suggests that the Reformers introduced an “incipient developmentalism,” but that a “lack of psychological knowledge” prevented this notion from taking hold (22-23).

¹⁷ *Ibid.*, 22, my emphasis.

modern developmental notion of the self introduces an essential difference in “the way act is assumed to be related to character or character pattern.”¹⁸ In contrast to earlier literature that, in Hiltner’s interpretation, addressed acts apart from the acting subject, the key modern “conviction” is that “act inevitably follows character and can be changed only as character is changed.”¹⁹

Modern pastoral counseling emerged in relation to two distinct bodies of literature. The literature of the early clinical pastoral training movement in the 1920s held that theological education should entail practical experience working with living people. Pioneers of this movement worked to established structures of clinical training in hospitals. While the clinical pastoral training movement continued to grow, a new field of “pastoral psychology” emerged in the 1930s. Authors of this literature seriously engaged the implications of modern psychology for Christian pastoral care. Much of this literature sought to give broad, comprehensive accounts. Modern pastoral counseling is indebted to both of these bodies of literature. In contrast to the pastoral psychology literature, the modern pastoral counseling literature that emerged in the mid-1940s was more practical and concrete in its focus on specific cases and issues. Whereas the literature on clinical

¹⁸ Ibid., 21.

¹⁹ Ibid., 22, 24. John T. McNeill, who published a “history of the cure of souls” (1951) in the same year as Hiltner’s article, also alludes to a shifting conception of the self in an earlier article that analyzes notions of sin as medicine in the Penitentials (1932). McNeill suggests that the most apt modern parallel to the Penitentials is in “the observations of psychologists who deal with abnormal cases.” He cites the case studies in Wilhelm Stekel’s *Sadism and Masochism* (1929), which “indicate the persistence in our own day of the perversions and aberrations which the Penitentials record.” In contrast to modern authors, McNeill writes, the authors of the Penitentials “do not attempt to pursue these conditions to their roots as do the psychoanalysts.” In McNeill’s view, this was not necessarily because they had a static view of the self, but because they “saw no necessity of this: for them these symptoms were forms of sin, and sin was due to causes theologically more than psychically known.” John T. McNeill, “Medicine for Sin as Prescribed in the Penitentials,” *Church History* 1, no. 1 (March 1932): 23. For McNeill’s history of the cure of souls, see John T. McNeill, *A History of the Cure of Souls* (New York: Harper & Brothers Publishers, 1951).

pastoral training addressed a component of theological education that took place in particular institutions, the modern pastoral counseling literature addressed the general matter of counseling individuals in need. Deeply influenced by modern psychology, modern pastoral counseling was understood as the practice of helping people reach deeper understandings of their lives and experiences.

Understandings of the self in modern pastoral counseling literature were tethered to notions of personality, adjustment, and development. These notions that took hold in the 1950s grew out of the early twentieth-century personality psychology. The significance of modern psychological conceptions of the self is evident in a contrast between two works that share the title, *The Cure of Souls*—Presbyterian minister Ian Maclaren’s Lyman Beecher lectures (1896) and the “socio-psychological” work of Charles T. Holman (1932), who was a prominent author of the early personality psychology literature. Maclaren’s text stresses preaching and the “work of the pulpit,” and he argues that the “most critical and influential event in the religious week is the sermon.”²⁰ For Holman, the most pressing pastoral issue is very different. Indeed his text opens with a contrast between the sermon and “personal ministry with souls in trouble.”²¹ In Holman’s view, “personal ministry” needed to change in light of new “scientific knowledge of human nature.”²² “The psychological and social sciences,” he writes, “have thrown a new flood of light upon those problems of human behavior with which the minister deals in the cure of souls.”²³ Holman casts the “end sought in the cure of souls”

²⁰ John Watson (Ian Maclaren), *The Cure of Souls* (New York: Dodd, Mead & Copmany, 1896), 5, 3.

²¹ Charles T. Holman, *The Cure of Souls: A Socio-Psychological Approach* (Chicago: The University of Chicago Press, 1932), ix.

²² *Ibid.*, x-xi.

²³ *Ibid.*, x.

as the “unification and socialization of *personality*,” a concept that was “achieved” in the “interaction of the individual with his social environment.”²⁴

Holman’s book together with several others published around 1930 set a new tone in pastoral care through the introduction of “pastoral psychology.” These works are replete with indications of a shifting understanding of the self. Mutations in the central conception of human person, however, are often unacknowledged in this literature. John G. Mackenzie’s *Souls in the Making* (1930) considers questions of “how character and personality are acquired.”²⁵ He argues that “[a]ll branches of psychology may help the pastor” in the “building up of a spiritual personality.”²⁶ Like Holman, Karl R. Stolz’s *Pastoral Psychology* (1932) suggests that the “governing objective of modern... pastoral care” is the “higher integration and expansion of personality.”²⁷ He notes that “pastors in rapidly increasing numbers are turning to mental, social, and allied sciences for light and guidance in their work with individuals,” and that the new field of “pastoral psychology” makes use of “the gathered knowledge of clinical psychology and employs its tested methods in the correction of minor mental pathologies and anomalies.”²⁸

These three texts break sharply from Maclaren’s 1896 work. For Maclaren, preaching is the fundamental work of the cure of souls. By contrast, all three of these authors tether the end sought in the care of souls to facilitating the growth and development of a unified personality. Each relies on the knowledge and techniques of modern clinical and medical sciences for carrying out this pastoral work. For Hiltner in

²⁴ Ibid., 269, 55, my emphasis.

²⁵ John G. Mackenzie, *Souls in the Making: An Introduction to Pastoral Psychology* (New York: The Macmillan Company, 1930), 40.

²⁶ Mackenzie, *Souls in the Making*, 40, 37-38.

²⁷ Karl R. Stolz, *Pastoral Psychology*, revised edition (New York: Abingdon-Cokesbury Press, 1940 [1932]), 17.

²⁸ Ibid., 17, 23.

1951, these three books, which he describes as “the first genuinely modern and significant books on pastoral counseling,” all appeared “discursive, oversystematic, and relatively undynamic.”²⁹ But the new field of “pastoral psychology” alongside the clinical pastoral training movement set in motion concepts and practices that had a profound impact on the subsequent development of pastoral care. In 1934, historian John McNeill depicts a modern care for the soul that frustrates tidy boundaries assumed between science and religion. “The new ministry to personality,” he writes, “will be at once scientific and religious.”³⁰

The History of Psychiatry and the Sexually Maladjusted: Forgotten Shepherds

McNeill’s statement raises the issue of how to understand the relationship between religion and a constellation of modern scientific discourses—a relationship that shapes modern Christian discourse on madness and sexuality. But the nature of this relationship is subtle, shifting, and easily overlooked. Indeed to even speak of “religion and science” is to invoke a spatial metaphor of distinct domains. This spatial metaphor gives rise to questions about their “intersections,” parallels, and boundaries.³¹ These sorts

²⁹ Hiltner, “The Literature of Pastoral Counseling,” 25.

³⁰ John McNeill, “Some Historical Aspects of the Cure of Souls,” *Crozier Quarterly* (1934), cited in E. Brooks Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Eugene, Oregon: Wipf & Stock Publishes, 1983), 221, 389 n. 21.

³¹ Bruno Latour similarly contests this tacit spatial metaphor. He suggests that it relies on the assumption that science and religion make claims to “reaching,” “settling” and “shar[ing]” just “one single domain,” “kingdom,” or “territory.” In Latour’s view, this assumption misrepresents the functions of both science and religion. He writes: “Here I am afraid I have to disagree with most, if not all, of the former speakers of the science-religion confrontation, because they speak like Camp David diplomats drawing lines on maps of the Israeli and Palestinian territories. They try to settle disputes as if there was one single domain, one single kingdom to share in two, or—following the terrifying similarity with the Holy Land—as if two equally valid claims had to be established side by side: one for the natural, the other for the supernatural... I find those disputes—whether there is one or two domains, whether it is hegemonic or parallel, whether polemical or peaceful—equally moot for this reason: They all suppose that science and religion have similar but divergent claims in reaching and settling a territory, either of this world or of

of images divert attention from ways in which specific morphologies of religion and science participate in shared patterns of thought, ways in which they are deeply entangled in practice and are navigated in everyday life. These matters, by contrast, draw attention to questions of power, subjectivity, authority, and embodiment.

Scholars such as Max Weber, Irving Goffman, and Michel Foucault have demonstrated this sort of critical inquiry into religion and science. The writings of Michel Foucault are of particular interest here because they examine the connection to modern discourse on sexuality. In different contexts, Foucault indicates ways in which “Christian reason” and its correlative practices are crucially important for understanding modern forms of power and the formation and experiences of modern subjects.³² One prominent theme that emerges in Foucault’s writing is the notion that modern science and medicine fulfill a certain capacity or social function that religion had historically fulfilled. In describing a late 18th century transformation of medicine in *The Birth of the Clinic* (1963), for example, Foucault writes that “in the alleviation of physical misery” medicine “would be close to the old spiritual vocation of the Church,” and that as such medicine “would be a sort of *lay carbon copy*.”³³

A second related theme is the notion that religious disciplinary practices are key for understanding modern forms of knowledge and power. This theme is most fully developed in *Discipline and Punish* (1975). Foucault connects modern procedures for

some other world.” Bruno Latour, *On the Modern Cult of the Factish Gods*, (Durham and London: Duke University Press, 2010), 109-110.

³² Michel Foucault, *The History of Madness*, edited by Jean Khalfa, translated by Jonathan Murphy and Jean Khalfa (New York and London: Routledge, 2006), 87, originally published as *Folie et Dérison: Histoire de la folie à l’âge classique* (Paris: Librairie Plon, 1961).

³³ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, translated by A. M. Sheridan Smith (New York: Vintage Books, 1994 [1973]), 32, my emphasis, originally published as *Naissance de la Clinique* (Presses Universitaires de France, 1963).

producing truth and discipline to techniques of Christian monasticism and asceticism in, for example, topographies of confinement and in uses of timetables to regulate the daily life of the confined. Indeed, he argues that these modern penal and political “technolog[ies] of the body” have “long retained a religious air.”³⁴

These two themes illustrate a subtle and nuanced relationship between religion and modern “scientific” practice. This relationship is important in Foucault’s writing on madness and sexuality. In *The History of Madness* (1961), Foucault identifies a “link between medicine and morality” that shaped the emergence of a “domain of unreason” — a domain that placed madness alongside “religious and sexual prohibitions.”³⁵ He suggests that in the modern age, “love was either reasoned or governed by unreason.”³⁶ Homosexuality eventually fell in the latter category. “[L]ittle by little,” he writes, “it was forced to take its place in the stratifications of madness.”³⁷ In the modern age, “it was firmly inside unreason, placing within all sexuality an obligation to choose, through which our era constantly repeats its decision.”³⁸ At stake is not only this “obligation to choose” but as Foucault develops in later writings, an obligation to disclose, or rather, *to confess*.

Foucault describes the confession as “the general standard governing the production of the true discourse on sex,” as that “thoroughly codified, demanding, and

³⁴ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan (New York: Vintage Books, 1995 [1977]), 24, 149, originally published as *Surveiller et Punir: Naissance de la prison* (Paris: Gallimard, 1975). Foucault argues similarly in his lectures on *Psychiatric Power* (1973-74) that forms of discipline used in religious communities of the Middle Ages are “constitutive of the general form of psychiatric power.” See Michel Foucault, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, translated by Graham Burchell (New York: Picador, 2006), 73.

³⁵ Foucault, *The History of Madness*, 106.

³⁶ *Ibid.*, 88.

³⁷ *Ibid.*

³⁸ *Ibid.*

highly institutionalized avowal of sexuality.”³⁹ In the modern age, Foucault draws attention to new “institutionalized practices for the confession of sexuality” in psychiatry, psychoanalysis, and sexology.⁴⁰ The confession is a primary point of analysis in Foucault’s writing on the Christian pastorate, which he describes as “one of the decisive moments in the history of power in Western societies.”⁴¹ He suggests that the practice of the Christian pastorate “absolutely required” a “knowledge of the *interior* of individuals.”⁴² The Christian pastorate gave rise to “the production of an internal, secret, and hidden truth,” and the subsequent “compulsory extraction of [that] truth.”⁴³ He argues in his 1978 Tokyo lectures that it is precisely this “production of interior truth” that is essential for examining the problem of sexuality.⁴⁴

In both the *History of Sexuality I* (1976) and in his lectures on “The Abnormals” (1974-75), Foucault links this interior truth to modern discourse on sexuality.⁴⁵ He shows that Christian practices of confession and their assumed interior knowledge of the self are duplicated in modern scientific and medical contexts. In Foucault’s work, this is essential for understanding some of the key mutations and effects of modern forms of power. But what becomes of modern Christian discourse on sexuality, after the duplication, after the

³⁹ Michel Foucault, *The History of Sexuality, Volume I: An Introduction*, translated by Robert Hurley (New York: Vintage Books, 1990 [1978]), 63, originally published as *Histoire de la sexualité I: La volonté de savoir* (Paris: Gallimard, 1976). Michel Foucault, *Abnormal: Lectures at the Collège de France 1974-1975*, translated by Graham Burchell (New York: Picador, 2003), 170.

⁴⁰ Foucault, *Abnormal*, 170.

⁴¹ Foucault, *Security, Territory, Population*, 185.

⁴² Michel Foucault, “Sexuality and Power,” in *Religion and Culture: Michel Foucault*, edited by Jeremy R. Carrette (New York: Routledge, 1999 [1978]), 125, my emphasis.

⁴³ Foucault, *Security, Territory, Population*, 184, 185.

⁴⁴ Foucault, “Sexuality and Power,” 125.

⁴⁵ He writes, for example, “The establishment of this immense total narration of existence within religious mechanisms is, I believe, the innermost core, as it were, of all the techniques of examination and medicalization that appear later.” Foucault, *Abnormal*, 184.

“lay carbon copy”? The present work takes up this issue by framing analyses of archives of twentieth-century Christian pastoral care and counseling with questions that emerge from Foucault’s writing on religion, science, and sexuality.

Like Foucault, many historians of science and sexuality flag the late-19th century as a moment that marks a key shift in the modern relationship between medicine and sex. George Chauncey, for example, argues that it was a “crucial transitional period in the conceptualization and social experience of homosexual relations.”⁴⁶ This period is marked as the moment in which medicine becomes the dominant authority for understanding and treating “sexuality” (and especially its maladjustments and perversions). Jeffrey Weeks argues that “[b]y the late nineteenth century... medicine was replacing the Church as the moulder of public opinion.”⁴⁷ Chauncey cites Weeks on this point—he writes that Weeks “suggests that the ‘medical model of homosexuality’ replaced the religious one during this period, characterizing homosexuality as the condition of certain identifiable individuals rather than as a form of sinful behavior in which anyone might engage.”⁴⁸ Ronald Bayer similarly describes the psychiatric framework as something that (ostensibly) “replac[ed]” an earlier moral-religious framework.⁴⁹ Like Foucault, these authors note that modern medical authority over

⁴⁶ George Chauncey, Jr., “From Sexual Inversion to Homosexuality: Medicine and the Changing Conceptualization of Female Deviance,” *Salmagundi*, no. 58/59 (Fall 1982-Winter 1983): 114.

⁴⁷ Jeffrey Weeks, *Coming Out: Homosexual Politics in Britain, from the Nineteenth Century to the Present* (London: Quartet Books, 1977), 23.

⁴⁸ Chauncey, “From Sexual Inversion to Homosexuality,” 114.

⁴⁹ Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987 [1981]), 9, 58. Bayer uses language similar to Foucault’s description of a “sort of lay carbon copy” in describing the critique of the psychiatric perspective. Bayer writes that this critique held psychiatry to be a “thinly disguised replica of the religious perspective which it displaced” (59).

sexuality stands in some form of relation to earlier religious discourse. But in each narrative, modern religion and its new entanglements with modern medicine are absent.

The elision of religion from narratives of modern medicine and sexuality is problematic for two major reasons. First, Christian discourse on sexuality was not “replaced” or supplanted in the sense that pastors and theologians simply stopped writing about sex. To be sure, pastoral discourse proceeded, and it was invested with medical authority in new ways. Narratives that use the language of “sin to crime to disease” in order to describe shifting conceptions of homosexuality cast these conceptual frameworks as discrete epochs or successive dynasties. In the midst of a burgeoning therapeutic culture in the early twentieth-century, many religious figures did indeed argue that a therapeutic approach should replace the moral condemnation tethered to traditional notions of sin. But “sin” is not a static notion, and in many instances, the notion of sin was not replaced but *transformed* through the introduction of therapeutic concepts such as neurosis, alienation, and anxiety. The second reason is that pastoral counseling was an important part of a broader therapeutic culture around sex and sexuality. Many psychiatrists anticipated a growing pastoral role in the treatment of sexual issues. Some sought to encourage responsible pastoral practices of “care of the afflicted flock,” a phrase coined by a psychiatrist.⁵⁰ As such, twentieth-century Christianity has played an understated role in histories of modern medicine and sexuality.

Clinical Discourse and Queer Language

The present work examines ways in which modern sciences of the mind shaped the emergence of pastoral discourse on sexuality largely in the context of American

⁵⁰ Daniel Cappon, *Toward an Understanding of Homosexuality* (Englewood Cliffs, New Jersey: Prentice-Hall, Inc.: 1965), 285.

Protestant writing.⁵¹ The prominent figures in this narrative shared an emerging social world. Many were trained together in early clinical training programs and later worked together (and sometimes, against one another) to establish new institutes, councils, and journals that centered on pastoral counseling. There are, of course, other contexts and bodies of literature that contain interesting material for thinking about modern religion, medicine, and sexuality. I have focused the present work on one particularly rich and extensive collection of archives.

Research for this project has involved analyzing both published writing and a range of archival materials from collections around the country. Records of meetings, reports, questionnaires, and correspondence offer important insight. Other material has more directly raised questions about the ethics of writing—a diary, for example, that narrates a prominent chaplain’s self-inflicted injuries during a psychosis that he attributes

⁵¹ Histories of pastoral counseling have paid little attention to sex and shifting constructions of sexual deviance. Several works in the last ten years have opened crucial angles of analysis into the topic of mid-century liberal Protestant pastoral counseling and homosexuality. Heather White’s dissertation examines the role that “mainline Protestant ministers” played in “the ideological unraveling of the dominant opprobrium against homosexuality” (24). This work highlights what are often “unstable relationships between religious, medical and legal institutions,” and it illuminates “paradoxical and elliptical” changes in classifying homosexuality (26). See Heather Rachelle White, “Homosexuality, Gay Communities, and American Churches: A History of a Changing Religious Ethic, 1946-1977” (PhD dissertation, Princeton University, 2007), ProQuest (UMI Number: 3273538). In an essay on mid-century liberal Protestant understandings of homosexual, Rebecca Davis examines Normal Vincent Peale’s counsel with a young man who “feared he was a homosexual” (351). She explains that Peale popularized psychiatric definitions of homosexuality, and argues that Peale and others relied on psychiatric theories to explain their moral universe” (347-348). See Rebecca L. Davis, “‘My Homosexuality is Getting Worse Every Day’: Normal Vincent Peale, Psychiatry, and the Liberal Protestant Response to Same-Sex Desires in Mid-Twentieth-Century America,” in *American Christianities: A History of Dominance and Diversity*, edited by Catherine A. Brekus and W. Clark Gilpin (Chapel Hill: The University of North Carolina Press, 2011). In a book that examines the wide array of healing practices embraced by mid-century American Protestants, Pamela Klassen argues that a new acceptance of sexuality as a positive inflowing of the spirit... led liberal Protestants to become pioneers in challenging the pathologizing of homosexuality as itself an ideological distortion of Christian theology” (163-164). See Pamela E. Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity* (Berkeley: University of California Press, 2011).

to a precocious sexual development. One of the most rich and unexpected sources of pastoral writing on sex has been the hospital case histories recorded in several hospitals for mental illness during the early years of the clinical pastoral training movement. The new form of theological education and the practice of writing case histories sought to enhance, reform, and revolutionize seminary education through exposure to “living human documents.”

As official records of human life, these sorts of documents are also records of the languages of (clinical) power. To write about them—even to transcribe them—is to take a certain risk. To reproduce these languages is to risk perpetuating their assumptions and representations. But this risk is always doubled with an opportunity to listen and re-inscribe voices that have been excluded or over-written by languages of modern knowledge. Reading clinical grids of intelligibility is always also an opportunity to examine how people (pastors and queer subjects alike) navigated the dominant language. My focus on language and rhetoric is not merely stylistic but rather is a focus executed on the assumption that words do not mark things, words *make* things—that in some sense descriptions and representations index the embodied realities they produce.

The following chapters trace the shifting pastoral rhetoric used to understand sexual issues and the therapeutic practices used to treat them. They disentangle the connections to modern science and medicine that transformed the modern subject assumed in modern Christian thought. The narrative that follows goes something like this:

The literature and training structures of the early clinical pastoral training movement put in motion new forms of pastoral care that were entangled with modern

medicine (chapter 1). Presbyterian minister Anton T. Boisen, one of the first Protestant chaplains in a psychiatric hospital, argued that modern anthropological, psychological, and sociological thought offered key insight into the social formation of the self. Boisen's emphasis on the social aspects of "personality" shaped his teaching with students in the hospital wards. Many of the case histories recorded by Boisen and his students depict "sexual maladjustment" as the decisive contributing factor in mental disorder (1925-1954). Boisen suffered throughout his life from catatonic dementia praecox, and he prodded connections between religion and sex in his personal experience.

Many prominent authors of the early pastoral counseling literature (1942-1951) including Seward Hiltner, Carroll Wise, and Russell L. Dicks were trained under Boisen or in similar clinical training programs. The pastoral counseling movement was shaped by two major facets of its intellectual-cultural context (chapter 2). First, early twentieth-century physicians and pastors reconceived "healing" as a broader enterprise in which religion played a therapeutic role. Second, many of the concepts and assumptions of early modern pastoral counseling were articulated in the idiom of modern psychology. Some authors of this literature discussed "sex problems," but almost always to pass them off as medical problems.

By contrast in the early 1950s, some began reworking Christian sexual ethics to better address issues raised in the first Kinsey report and to offer medically sound, wholesome pastoral counsel to married couples (chapter 3). The importance attributed to understanding the development of personality shifted the primary context of sexual maladjustment to the family. Pastoral writing on homosexuality considered psychoanalytically oriented psychiatrists to be the primary source of authority and

expertise. Early literature on pastoral counseling with homosexuals stated the purpose and outcome to be alleviating emotional distress (1948-1955).

From the mid-1950s through the 1960s, pastors engaged two major constellations of thought about counseling with “sex deviants” (chapter 4). The first, like the early literature on pastoral counseling with homosexuals, cast the purpose of treatment to be alleviating guilt and distress, and facilitating social and vocational adjustment. The second understood homosexuality as an illness, often one that, with valiant effort, could be “cured.” Both of these distinct understandings indicate that for American pastors, psychiatry became the dominant framework for understanding modern sexual subjects (1955-1969).

The new architecture of the modern subject was important not only in clinical pastoral and medical discourse, but in the lives of the people whom it was used to describe. While psychiatry was the primary framework for making sense of queer love (at times even for queer people themselves), some sought new and imaginative languages for expressing forms of queer life, queer love, and queer religion (1950-1965). Juxtaposing clinical discourse with these diverse genres not only illuminates the limits of contemporary debates about religion and sexuality, but it also illustrates the importance of studying entanglements of religion, science, and medicine in everyday life and social practice (chapter 5).

The literary and autobiographical accounts examined in the fifth chapter question and critique modern clinical discourse on the self. They portray alternate conceptions through characters that refuse to become “whole,” characters that remain divided, scattered, and in flux. If the collusion of pastoral care and modern psychology constrains

acceptable forms of sexuality, archives of queer sacred writing open modern subjectivity through a plurality of images of queer love and queer religion. These writings reconceive religious space, they compose alternate temporalities, and they fashion distributions of queer bodies that invite readers to consider new morphologies of the holy.

CHAPTER 1

Clinical Pastoral Christianity and Sexual Madness

A pioneering movement to ground theological education in the lived realities of human suffering was launched in the United States in the 1920s. Seminary students spent time in a variety of clinical settings. Some of the earliest programs took place in psychiatric hospitals. The new “clinical pastoral training” programs offered students practical experience through the opportunity to engage what pioneering figure Anton Boisen called “living human documents.”¹ Donald Hartley, a patient admitted to the Elgin State Hospital in 1938, was the subject of just such a study.² The student who writes his case history describes Donald’s involvement with a religion “of the more fanatical evangelistic type.” Donald was a “faithful and devout member” of the Twin City Bible Church, where he played the organ and the piano. Religious language featured prominently in Donald’s “acute psychotic experience,” during which he “would lie down and moan about getting right with God.” The case author articulates a fervent claim that is present in many other case histories: Donald’s “religious difficulties and religious experiences are tied up very closely with his sexual life.” He explains that Donald suffered because his “homosexual tendencies” were “absolutely unacceptable” to him, and that Donald’s worry over his “habit of masturbation” had “constantly dogged his personality.”

These issues were prominent concerns in the work of the American Presbyterian minister Anton T. Boisen (1876-1965), revered by many as the founder of clinical pastoral training. Boisen tethers his lifelong interest in the relationship between religious

¹ Anton T. Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (Philadelphia: University of Pennsylvania Press, 1936), 248.

² “Donald Hartley” is a pseudonym used for this patient throughout the chapter.

experience and mental disorder to his personal experience. He suffered throughout his life from dementia praecox and indeed attributes his own illness to a “precocious sexual sensitivity.”³ During his first extended period of hospitalization (fifteen months), he became convinced that religious concerns played a significant role in the mental disturbance of many of the patients around him. Boisen’s accounts of his own visions are heavily laden with religious imagery. Astonishing descriptions of his first “period of delirium” lace images of prayer and choirs of angels alongside witches and black cats.⁴

Boisen sought to reform the dominant understanding of mental illness as an exclusively organic and biological issue. He argued that for many people, faltering social and personality adjustment produced a disordered “inner world” that required a distinct and more personal approach to treatment. An avid reader of William James, Boisen insisted throughout his career on the need to acknowledge a certain reality of the visions and voices that hospital patients described. Boisen’s studies of eminent Christian mystics suggest that there is no qualitative difference between their religious experiences and many hospital patients’ experiences of delirium. The difference, in Boisen’s view, lies in the outcome.

Motivated by these observations, Boisen worked to create a place for liberal Protestant ministers in psychiatric hospitals. After his release, he studied the relationship

³ Boisen, *The Exploration of the Inner World*, 2, my emphasis. By the 1940s, dementia praecox was overshadowed by the distinct disease concept, schizophrenia, and it became obsolete shortly thereafter. Dementia praecox was an important point of contact between general medicine and American psychiatry in the early 20th century. Like Boisen himself, many of Boisen’s patients were diagnosed with it. See Richard Noll, *American Madness: The Rise and Fall of Dementia Praecox* (Cambridge, Massachusetts: Harvard University Press, 2011).

⁴ See Anton T. Boisen, “Clinical Training in Theological Education: The Period of Beginnings,” *The Chicago Theological Seminary Register* (January 1951), and “Recollections of my Sojourn in the Psychopathic Hospital,” [n.d.], Anton T. Boisen Collection, Series 1, Chicago Theological Seminary, Chicago, Illinois.

between religious experience and mental illness. In 1924, Boisen became the first chaplain at the Worcester State Hospital. The following summer, he formed a small group of students in what was the beginning of one of the earliest clinical training programs. Students in the programs that Boisen directed at Worcester and later at Elgin worked with patients and they consulted with physicians. Like the author of Donald's case history, Boisen and many of his students sought to understand how connections between sexual maladjustment and religious concern produced a range of harrowing psychotic experiences.

This chapter argues that Boisen's work and the rhetoric of the early clinical pastoral training programs indicate an incipient embrace of a modern notion of the self. Boisen's thought relies on the notion of a "personality" shaped by social factors, one that makes ongoing "adjustments" to a personal and social environment. The present chapter illuminates features of the modern self in Boisen's writing on religious experience, mental illness, and sexual adjustment and in the shifting pastoral discourse on sex in the records of early clinical pastoral training programs.

The chapter develops in three parts. The first section traces connections to medical education in the emerging clinical pastoral training programs. The second examines the construction of the modern self's "inner world" in Boisen's writing on mental illness. The third section analyzes case histories and interview transcripts authored by Boisen and his students at the Elgin State Hospital between 1932 and 1954. The documents show the wide range of morphologies of sexual maladjustment that were considered alongside hospital patients' religious concerns.

A New Form of Theological Education: The Birth of Clinical Training

After being released from the Westboro State Hospital in 1922, Boisen moved to Cambridge, Massachusetts where he took courses at Andover Theological Seminary and at Harvard University.⁵ At Harvard, Boisen met the eminent physician Richard C. Cabot (1868-1939).⁶ Cabot was renowned for transforming medical education through the use of case analysis at Harvard Medical School.⁷

While Boisen had been introduced to the use of case analysis in several contexts, he stresses the influence of Cabot on this approach to teaching.⁸ In an article published over twenty years after they met, Boisen introduced Cabot as “the man who had introduced the case method into medical education.”⁹ In his autobiography, Boisen describes a seminar that he took with Cabot on the use of case records for teaching as “one of the best courses [he had] ever had.”¹⁰ Years later, Boisen used case analysis in training students and in working with patients. In addition to organizing and facilitating recreational activities for patients, Boisen’s students at the Elgin State Hospital worked as attendants on the wards for sixteen hours a week.¹¹ Working with patients in both of these capacities provided the exposure and acquaintance necessary for writing case histories. Students were “required to submit written observations day by day and to work up,

⁵ Anton T. Boisen, *Out of the Depths: An Autobiographical Study of Mental Disorder and Religious Experience* (New York: Harper & Brothers, 1960), 143.

⁶ When they met, Cabot was pursuing work in applied ethics and hospital social work as a professor in the Department of Social Ethics.

⁷ See Richard C. Cabot, *Case Teaching in Medicine: A Series of Graduated Exercises in the Differential Diagnosis, Prognosis and Treatment of Actual Cases of Disease* (Boston: D. C. Heath & Co., Publishers, 1906).

⁸ Boisen also used a case analysis approach in his studies of mysticism and the pathological with George Coe at Union Theological Seminary, and in his work with Macfie Campbell at the Boston Psychopathic Hospital.

⁹ Anton T. Boisen, “Clinical Training for Theological Students,” *The Chicago Theological Seminary Registry* (January 1945): 16.

¹⁰ Boisen, *Out of the Depths*, 147.

¹¹ These activities included work on patients’ worship services, assembling a choir of patients, organizing an intramural softball league, and putting on festivals for holidays. They also issued a weekly newsletter promoting these activities. See Boisen, *Out of the Depths*, 173.

intensively, at least one case.”¹² These cases together with selected readings were discussed in weekly “group conferences” that Boisen led.¹³

Cabot’s significance in the history of clinical pastoral training extends beyond his influence on the use of case analysis. Cabot was also a crucial supporter of Boisen’s work and he played a significant role in the early development of clinical pastoral training. In an article published in 1951, Boisen argues that “the [clinical training] movement could hardly have gotten underway” without Cabot’s “powerful support.”¹⁴ As a renowned physician on the faculty at Harvard University, Cabot’s institutional power and prestige afforded him a certain authority with which to draw attention to the movement. In September of 1925, Cabot published a widely read and influential article entitled, “A Plea for a Clinical Year in the Course of Theological Study.”¹⁵ While other similar programs were underway, Boisen notes that it was this article that “called national attention to the plan.”¹⁶ The article is important for examining the relationship between religion and

¹² Ibid.

¹³ Additionally, Boisen notes that he and his students had the privilege of “attending the hospital’s regular clinical staff conferences.”

Ibid., 173-4.

¹⁴ Anton T. Boisen, “Clinical Training in Theological Education,” 1.

¹⁵ Richard C. Cabot, “A Plea for a Clinical Year in the Course of Theological Study,” *Survey Graphic* (September, 1925); reprinted in Richard C. Cabot, *Adventures on the Borderlands of Ethics* (New York and London: Harper and Brothers, 1926), 1-22. On the influence of Cabot’s article, “A Plea for a Clinical Year in the Course of Theological Study,” on the clinical training movement, see Glenn T. Miller, *Piety and Profession: American Protestant Theological Education, 1870-1970* (Grand Rapids, Michigan: Wm. B. Eerdmans Publishing Co., 2007), 594-597; Susan E. Myers-Shirk, *Helping the Good Shepherd: Pastoral Counselors in a Psychotherapeutic Culture 1925-1975* (Baltimore: The Johns Hopkins University Press, 2009), 29-39; Edward Thornton, *Professional Education for Ministry: A History of Clinical Pastoral Education* (Nashville: Abingdon, 1970), and Larry Van De Creek, *Professional Chaplaincy and Clinical Pastoral Education Should Become More Scientific: Yes and No*, second edition (New York: Routledge, 2011), 3-7.

¹⁶ Boisen explains in his remarks at a faculty luncheon at Union Theological Seminary that in 1923, Dr. William S. Keller in Cincinnati had already inaugurated a somewhat similar project.

medicine in the clinical pastoral training movement. The article's persuasiveness is tethered to the argument that there is a similarity between medical and pastoral work and that as such there should be a similarity in medical and pastoral *training*.

Cabot situates his "plea" in narratives of his personal experience with the theological students whom he encountered regularly while living next to the Episcopal Theological School in Cambridge.¹⁷ Cabot argues that it is precisely his "experience as a *physician* [that] can be of some use to those about to enter the ministry."¹⁸ After commenting on the similarity between medical and theological students, Cabot concludes his opening paragraph with a striking sentence.¹⁹

I've wondered whether their call to the ministry has meant in every case a call to preach, or whether to many it is not rather a call to carry the gospel of Christ to fellow men in trouble of mind, body or spirit and if so, whether their future service to individuals in their parishes is not *very like what the doctor actually does (not what he is supposed to do) when he visits a patient.*²⁰

Carefully making clear that the minister's work is not the same as that of the doctor, Cabot suggests that "medical visits and clerical visits are a good deal alike," that there is a "resemblance... between a medical visit and a parish call."²¹ Cabot suggests that this similarity follows from the fact that both face "common problems of human personality and human association."²²

Cabot argues that this similarity in practice calls for similar training. He describes his experience co-teaching a seminar for theological students with Dr. Alfred Worcester

See Anton T. Boisen, "Clinical training in retrospect and prospect – Remarks at a Faculty Luncheon at UTS," October 30, 1957, Anton T. Boisen Collection, Chicago Theological Seminary, Chicago Illinois, and Boisen, *Out of the Depths*, 152.

¹⁷ Cabot, "A Plea for a Clinical Year in the Course of Theological Study," 1.

¹⁸ *Ibid.*, 4, my emphasis.

¹⁹ *Ibid.*, 1.

²⁰ *Ibid.*, my emphasis.

²¹ *Ibid.*, 6, 4, 2.

²² *Ibid.*, 12.

of Waltham.²³ Cabot noticed that the theological students in the classroom seemed “hampered by the lack of a body of concrete experience.”²⁴ The students assumed that the “ability to help people in trouble” was something one either had “by nature and instinct or lacked,” that it “*could not be taught.*”²⁵ Arguing on the basis of his experience in medical education, Cabot states that this ability can indeed be taught. It is learned, he explains, “[b]y practice and by watching others who know it better.”²⁶ In other words, through “clinical experience.”²⁷ By the end of the semester, Cabot and Worcester found that they “could not teach merely by word of mouth” and that “classroom discussions” must be combined with “clinical work.”²⁸ They urged “the need of a *clinical year as a part of theological study.*”²⁹ This year would not pull students “away from... theology,” it would give the opportunity to “practice... theology where it is most needed, i.e., in personal contact with individuals in trouble.”³⁰

²³ Ibid., 4-5. He writes that they met a group of a dozen students once a week for 2 hours and talked through a wide range of topics.

²⁴ Ibid., 11.

²⁵ Ibid., 2-3, original emphasis.

²⁶ Ibid., 3.

²⁷ Ibid., 6.

²⁸ Ibid., 21.

²⁹ Ibid., 7. Cabot insists that this would be a year in “applied theology, in the practice of gospel Christianity” and not in “any secular science or sociological discipline” (21).

³⁰ Ibid., 7. Although Cabot writes that this idea had support from theological students and teachers, he concludes the article with an exhortation to “great leader[s]” like Harry Emerson Fosdick to “take up the plea.” This exhortation specifically addresses Harry Emerson Fosdick, probably because of his fame and popularity. Cabot writes, “I realize that until some great leader like Harry E. Fosdick takes up the plea within the ranks of the theological teachers themselves, no outsider is likely to attain much success. To such leaders I appeal” (22). Boisen also appealed to Fosdick on this issue. Earlier that same year, Boisen published an article that sought, with much less success than Cabot’s article, to bring the idea of clinical training “before the general public.” Boisen’s article was originally entitled, “In Defense of Mr. Bryan by a Disciple of Dr. Fosdick,” but when Fosdick read a draft of the paper, he told Boisen that if he “published the paper under that title it would have to be over [Fosdick’s] dead body.” Fosdick did express agreement with some of the article, and noted further that he also attributed much of his message to his own experience in a mental hospital as an adolescent. Boisen, *Out of the Depths*, 151, 152.

Two years before the publication of Cabot's article, Boisen put together a proposal to work at the Boston Psychopathic Hospital where he would "tak[e] on cases in which the religious factors were in evidence."³¹ Boisen's "Project for the Study of Certain Types of Mental Disorder from the Religious Standpoint" formulated the argument that one could only adequately understand mental disorder and religious experience when they were studied one in light of the other.³² His proposal criticized both psychiatrists for ignoring religious elements and "Protestant religious workers" for having "no message for the sick soul."³³ The project was submitted to the Institute for Social and Religious Research with strong letters from notable figures, including Cabot and George A. Coe and Elwood Worcester.³⁴ When the project was formally rejected in 1924 because the National Committee for Mental Hygiene would not approve it, Cabot offered to personally back the project and to give it financial support.³⁵ Cabot was about to send a letter to friends asking for their support of the project when he got word that Dr. William A. Bryan at the Worcester State Hospital was willing to try a chaplain.³⁶

Boisen's "experiment in the religious ministry to the mentally ill" began at Worcester in July of 1924.³⁷ In the summer of 1925, Boisen took on his first group of four

Boisen's article was published as Anton T. Boisen, "In Defense of Mr. Bryan: A Personal Confession by a Liberal Clergyman," *American Review* (May 1925).

³¹ Boisen, *Out of the Depths*, 148.

³² "A Project for the Study of Certain Types of Mental Disorder from the Religious Standpoint," 1923, Anton T. Boisen Collection, Series 5, Chicago Theological Seminary, Chicago, Illinois.

³³ *Ibid.*

³⁴ Boisen, *Out of the Depths*, 148. And "A Project for the Study of Certain Types of Mental Disorder from the Religious Standpoint."

³⁵ See Boisen, *Out of the Depths*, 148, 149, and Boisen, "Clinical Training in Theological Education," 1.

³⁶ Boisen, *Out of the Depths*, 149.

³⁷ *Ibid.*, 150.

students.³⁸ As the “experiment” in clinical training grew over the next five years, it received wider recognition and support. For example, when the “clinical-training project” was presented before the American Sociological Society in December of 1928, psychiatrist Harry Stack Sullivan came to the meeting and defended Boisen’s position with “one of his characteristically keen and witty speeches.”³⁹ By the summer of 1929, Boisen’s group of students grew to 16, and by January of 1930, the first formal institutional structure devoted to clinical training for theological students was established. The “Council for the Clinical Training of Theological Students” (CCTTS) was formally incorporated with Cabot as president and treasurer.⁴⁰ Boisen’s second major “disturbed condition,” however, had a major impact on his standing in the CCTTS and on his relationship with Cabot.⁴¹

A Lifelong Struggle

Dr. Weininger: *He will probably have relapses.*

Dr. Woolley: *Relapses? I don't think he's well.*⁴²

This exchange is between two psychiatrists discussing the precarious state of Boisen’s mental health. Their words indicate the persistence of his illness. He wrestled with dementia praecox throughout his life and the most severe episodes resulted in periods of hospitalization. Dedicated to learning from his experience, Boisen wrote frank

³⁸ *Ibid.*, 153.

³⁹ *Ibid.*, 166.

⁴⁰ *Ibid.*, 167-168.

⁴¹ *Ibid.*, 170.

⁴² “Staff conference report (included in Boisen’s medical record from Sheppard Pratt Hospital, December 24, 1935),” Association for Clinical Pastoral Education Records, Series IV, Box 196, Emory University, Atlanta, Georgia.

descriptions of even the most grim and ominous moments such as his “attempts at self injury.”⁴³ He writes,

Once I attempted to drown myself in the tub, twice I rammed my head full tilt against the corner of the brick wall... On several occasions I lay for hours during the night on the cold cement floor with no clothing in order that no one might be able to get below me and that the enemy might be discomfited.⁴⁴

He describes “attempts at castration,” one of which required “some sort of operation.”⁴⁵

Without romanticizing what was for Boisen and for many patients an unrelenting struggle, Boisen argued that these experiences often had a profound religious significance. He describes his autobiography as his “own case record,” as a “case of valid religious experience which was at the same time madness of the most profound and unmistakable variety.”⁴⁶ In the CCTTS, Boisen found support for his work to increase knowledge and understanding among ministers. But when it became clear that he would continue to suffer from mental breakdowns, questions were raised about whether he was suitable for his position on the Council.

When Cabot supported Boisen’s work in the 1920s, it was not clear that Boisen would “have relapses.” A second “acute psychotic break” in November of 1930 raised serious concern.⁴⁷ Boisen’s mental health now seemed unstable, and more volatile. Cabot and other members of the CCTTS began to question whether Boisen was fit to carry out chaplaincy work and to train seminary students. Cabot observed the severity of Boisen’s illness with his own eyes during a visit at the onset of his major episode in 1930. Boisen recalls that he “identified with [his] father, inquiring about [himself] in the third

⁴³ Anton T. Boisen, “*Out of the Depths* – supplement,” [n.d], Anton T. Boisen Collection, Chicago Theological Seminary, Chicago, Illinois.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

⁴⁶ Boisen, *Out of the Depths*, 9.

⁴⁷ *Ibid.*, 169.

person.”⁴⁸ Boisen writes, “Dr. Cabot was much alarmed and saw to it that [Boisen] was at once hospitalized.”⁴⁹

The breakdown heightened their intellectual differences, which centered on their conceptions of mental illness. Boisen recalls Cabot’s reaction: “Dr. Cabot, president of the new ‘Council,’ was particularly aroused. He had throughout been opposed to the psychogenic interpretation of mental illness. My views now became abhorrent to him.”⁵⁰ Cabot believed that pastors had an important role in ministering to the sick because somatic ailments were often entangled with emotional and spiritual factors. He drew a sharp line, however, around the matter of “mental disease.”⁵¹ He argued that “insanity... cannot be thoroughly understood except by one who has studied medicine,” and that it referred to organic diseases, “some of them due to known degeneration in the tissues of the brain, some to known chemical changes in the blood, and in the brain which it nourishes.”⁵²

Boisen was deeply influenced by Cabot’s teaching and he wrote about Cabot with great admiration and graciousness in his published work. Cabot praised Boisen’s work in public forums like the Alden-Tuthill Lectures delivered at the University of Chicago in 1935. But their personal letters reflect periods of both personal and intellectual discord and at times, quarrel. After the breakdown in 1930, Boisen recalls that Cabot “decreed

⁴⁸ Ibid., 170.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Richard C. Cabot and Russell L. Dicks, *The Art of Ministering to the Sick* (New York: The Macmillan Company, 1943), 155.

⁵² Cabot and Dicks, *The Art of Ministering to the Sick*, 155. He writes further, “a good deal of mental treatment including psychoanalysis is now done by ministers, they do it at the peril not only of their patients but of their own position in the community. We strongly advise ministers, therefore, to make no attempt to treat mental disease” (155).

that I must have nothing to do with the program of instruction.”⁵³ While Philip Giles supported Cabot’s order, Boisen writes, “Dr. Dunbar stood by me and saved the day so far as I was concerned.”⁵⁴

Flanders Dunbar was in Boisen’s first group of students at Worcester in 1925 and they worked together on the Council. But Boisen also describes a “new relationship” that was budding between them.⁵⁵ He discussed the relationship with Alice Batchelder, the woman he mentions frequently in his writing with whom he describes a “love unattained.”⁵⁶ Following the episode in 1930, Boisen explains that both women “stood by [him],” though “they could not ignore the seriousness of the disturbance.”⁵⁷ The relationship with Flanders Dunbar ended in her “disillusioning shock,” but her continued support of Boisen’s chaplaincy work was enough to prevent Boisen’s expulsion.⁵⁸

In 1932, Boisen moved from Worcester to work at the Elgin State hospital in Illinois because of “the complications resulting from [his] tailspin.”⁵⁹ With two years of training under the Council, Carroll A. Wise took over Boisen’s position at Worcester. Boisen’s work at the Elgin State Hospital began on April 1, 1932.⁶⁰ By 1930, Elgin was an enormous institution that housed four thousand patients—a population that continued to expand until 1955.⁶¹ Boisen notes that the hospital’s superintendent, Dr. Charles F.

⁵³ Boisen, *Out of the Depths*, 171.

⁵⁴ *Ibid.*

⁵⁵ Boisen, “*Out of the Depths* – supplement.”

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

⁵⁸ *Ibid.*

The Council split as a result of the disagreement over whether Boisen was fit to work his position.

⁵⁹ Boisen, *Out of the Depths*, 172.

⁶⁰ *Ibid.*, 173.

⁶¹ For a discussion of ways in which the hospital grew during this time while Dr. Charles F. Read was the Superintendent (1930-1946), see William Briska, *The History of Elgin Mental Health Center: Evolution of a State Hospital* (Carpentersville, IL: Crossroads Communications, 1997),

Read (1930-1946), was familiar with Boisen's work at Worcester and was eager for Boisen to transfer his work to Elgin.⁶² The clinical training program at Elgin began that first summer with "an outstanding group" of nine students, two of which continued their work for a full year.⁶³ The program at Elgin "began with a vigorous program of service, similar to that at Worcester."⁶⁴ While at Elgin, Boisen wrote his major work on religion and madness, a work that develops a modern conception of the self.

Perils of the "Inner World"

Boisen formulates the most elaborate statement of his understanding of the relationship between religious experience and madness in his major work, *The Exploration of the Inner World* (1936). He combines clinical data, historical examples, and philosophical texts to illustrate different types of voyages through the "inner world." Boisen also elaborates his controversial "psychogenic interpretation" of mental illness.⁶⁵ This interpretation entailed a personal and intersubjective approach to treatment. It also assumed a particular understanding of the socially formed human person, one that resonated with the early literature on "pastoral psychology" and with the fields of anthropology and sociology.

175-198. Briska writes that the census in 1932 showed 3779 in-house patients with a few hundred more on parole. Boisen writes that Elgin had about five thousand patients at this time. His estimation is likely rather high, though it was certainly a large institution. (See Boisen, *Out of the Depths*, 173.) Briska records the census peak at Elgin on September 10, 1955 at 6844 in-house patients. On Briska's account, two of most significant factors that lead to the population decline were the development of two new psychotropic drugs (Reserpine and Thorazine) and the establishment of a community based mental health center in the city of Elgin. Notably, Dr. Thomas Szasz, who was a major figure of the so-called "anti-psychiatry movement" in the 1960s and the 1970s, was an intern at Elgin in the early 1950s. For a discussion of the census peak and factors that lead to its decline, see Briska, *The History of Elgin Mental Health Center*, 215-228.

⁶² Boisen, *Out of the Depths*, 172.

⁶³ *Ibid.*, 173-4.

⁶⁴ *Ibid.*, 173.

⁶⁵ *Ibid.*, 251.

Champion of the Psychogenic

Boisen describes his interpretation of mental illness in a lengthy letter quoted in the introduction to *The Exploration of the Inner World*. Boisen wrote the letter in 1920 as a patient in the Westboro State Hospital. In it he recorded immediate recollections of visions and experiences at the beginning of his first “sojourn” in a psychiatric hospital.⁶⁶ He emphasizes one particular paragraph in the letter that he suggests “may be taken as the thesis of the book.”⁶⁷

As I look around me here and then try to analyze my own case, I see two main classes of insanity. In the one case there is some organic trouble, a defect in the brain tissue, some disorder in the nervous system, some disease of the blood. In the other there is no organic difficulty. The body is strong and the brain in good working order. The difficulty is rather in the *disorganization of the patient's world*. Something has happened which has upset the foundations upon which his ordinary reasoning is based.⁶⁸

Boisen frames his interpretation in contrast to what he names the “organicist point of view.”⁶⁹ Boisen felt the doctors at Westboro took such a view; that they “did not believe in talking with patients about their symptoms which they assumed to be rooted in some as yet undiscovered organic difficulty.”⁷⁰ Boisen criticizes this general trend in American psychiatry.⁷¹ He argues that it was detrimental to patients’ recovery that psychiatrists such

⁶⁶ Anton T. Boisen, “*Out of the Depths* – supplement [n.d.],” Anton T. Boisen Collection, Chicago Theological Seminary, Chicago, Illinois.

⁶⁷ Boisen, *The Exploration of the Inner World*, 10.

⁶⁸ *Ibid.*, 10-11.

⁶⁹ Boisen, *The Exploration of the Inner World*, 5.

⁷⁰ *Ibid.* Boisen explains that the “longest time [he] ever got was fifteen minutes during which the very charming young doctor pointed out that one must not hold the reins too tight in dealing with the sex instinct. Nature, [the doctor] said, must have its way” (5).

⁷¹ *Ibid.*, 101. He writes, “Most of our psychiatrists stress the importance of the organic factors. If our patient should fall into the hands of a physician who is radically organicist in his point of view, he would be likely to have his teeth pulled out or part of his colon removed; or he might be kept for long periods in the tubs and packs or treated to doses of sulphur-in-oil” (101).

Boisen’s characterization is extreme in its depiction of the organic point of view as exclusively relying on physical therapies, though it is possible that in personal experience, organically based treatment was the dominant approach. More generally however, as Historian Edward Shorter

as Henry A. Cotton, director of the New Jersey State Hospital, have placed their “reliance upon physical treatment alone.”⁷²

In the text of *The Exploration of the Inner World*, Boisen makes a stronger claim about the significance of his interpretation of mental illness. The letter stated that some cases are organically based while others are not. In the book, Boisen states that even organically based cases require a more personal approach to treatment. “[W]hatever the organic basis of dementia praecox may be,” he argues, “it is to the sufferer himself primarily an experience.”⁷³ Boisen casts mental illness as a problem that clouds patients’ sense of self and subjectivity.

Subjectivity is not a term that Boisen uses in his writing. However the notion of subjectivity, especially as developed in a recent work by medical anthropologists João Biehl, Byron Good, and Arthur Kleinman, casts light on certain key features of Boisen’s work.⁷⁴ Biehl, Good, and Kleinman characterize subjectivity as the “practical *activity* of engaging identity and fate.”⁷⁵ In Boisen’s work, subjectivity is a practice of orienting personal and social life. Seeking to move away from notions of subjectivity as merely a private and personal sense of self, Biehl, Good, and Kleinman cast subjectivity as eminently social. Boisen writes extended analyses of patients’ family histories, life philosophies, vocational adjustments, and sex adjustments. These are all understood to be crucial factors in the genesis of mental disturbance and in the formation of human

explains, both points of view “attach considerable importance to psychotherapy, and it would be inexact to claim it as the monopoly of either.” Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley Sons, Inc., 1997), 26.

⁷² Boisen, *The Exploration of the Inner World*, 100.

⁷³ *Ibid.*, 16.

⁷⁴ João Biehl, Byron Good, and Arthur Kleinman, “Introduction: Rethinking Subjectivity,” *Subjectivity: Ethnographic Investigations*, eds. João Biehl, Byron Good, and Arthur Kleinman (Berkeley, Los Angeles, and London: University of California Press, 2007), 1-23.

⁷⁵ *Ibid.*, 5.

persons. Subjectivity in this sense is an ongoing process of orienting oneself to shifting personal and social worlds. In Boisen's view, the experience of mental illness is the struggle when something goes awry. One's practice of producing a sense of orientation fails. In these cases, the patient's "inner world" has "gone to pieces;" it has been "twisted out of shape."⁷⁶

Boisen draws two important corollaries from his understanding that "mental illness of the functional type has to do with the philosophy of life and usually with the sense of personal failure."⁷⁷ The first is that the personal relationship between a patient and a physician is an essential part of healing and recovery.⁷⁸ The second is that the minister and the psychiatrist are "engaged in the same general task."⁷⁹ With words that would have been controversial even among Boisen's supporters, he states, "Regardless of the name we use, for better or for worse, [the minister] will be doing psychotherapeutic work."⁸⁰

Boisen's interpretation of mental illness is conveyed through the geographic imagery used throughout *The Exploration of the Inner World*. This imagery in its title, its chapter divisions, and its central orienting metaphors are tethered to the space of the "inner world." Boisen describes mental disturbance as a problem of being lost in a "strange new world," indeed as a problem of navigation.⁸¹ He proposes to offer a "survey of the inner world," in which he examines the experiences of people who "have been forced off the beaten path of common sense and have traveled through the little-known

⁷⁶ Boisen, *The Exploration of the Inner World*, 252.

⁷⁷ *Ibid.*, 238.

⁷⁸ *Ibid.*, 240.

⁷⁹ *Ibid.*, 239.

⁸⁰ *Ibid.*

⁸¹ *Ibid.*, 30, 79.

wilderness of the inner life.”⁸² Boisen casts historical examples of “men of religious genius” as “successful explorers,” that is, as individuals who have successfully navigated this wilderness.⁸³ Boisen uses similar geographic imagery in his descriptions of patients like “James G.,” who were “without organic disease.”⁸⁴ Boisen includes an extended narrative that James G. wrote about his disturbance.⁸⁵ Geographic imagery is beautifully woven into Boisen’s argument that psychiatrists should take seriously even the most “grotesque set of ideas.”⁸⁶ “To the individual concerned,” he writes, “the effect [of the onset of acute disturbance] is overwhelming. It shatters the foundations of his mental structure. It sweeps him away from his moorings out into the uncharted seas of the inner world.”⁸⁷ The metaphor of being disoriented and lost at sea implies the possibility of finding one’s way. In Boisen’s view, this requires careful analysis of causal factors that extend beyond the disease etiology to the whole gamut of social factors that contributed to the formation of the self.

Boisen frequently cites American social psychologist George H. Mead (1863–1931) on the interdependence of social and personal factors in the formation of the self.⁸⁸ “[I]n each individual,” he writes, “as Professor Mead has insisted, there is present a reflection of the social.”⁸⁹ Boisen argues that as such, “[n]o selfhood is possible apart from social relationships.”⁹⁰ Conceptions of the self as shaped in myriad and often

⁸² Ibid., 83, 11.

⁸³ Ibid., 58, 59.

⁸⁴ Ibid., 167.

⁸⁵ Ibid.

⁸⁶ Ibid., 169.

⁸⁷ Ibid.

⁸⁸ See especially, George H. Mead, *Mind, Self, and Society from the Standpoint of a Social Behaviorist* (Chicago and London: The University of Chicago Press, 1935).

⁸⁹ Boisen, *The Exploration of the Inner World*, 139.

⁹⁰ Ibid.

unpredictable ways by their social and personal situations were becoming more prominent on the wider intellectual scene in the 1930s. The idea that “personality” was shaped by social factors was key for American anthropologists associated with the “culture and personality” school of thought in the 1920s and 1930s, among them Edward Sapir, Ruth Benedict, and Margaret Mead.⁹¹ Similar conceptions of the social formation of the human person were significant in the pastoral psychology literature in the 1930s.

The new field of “pastoral psychology” developed at the same time as Boisen’s work on madness and religion. While there was not much conversation between Boisen and the early pastoral psychology authors, both were important influences on the modern pastoral counseling movement. Both literatures begin to use concepts like “personality” and “adjustment” in describing the modern self. Prominent works on pastoral psychology such as John G. Mackenzie’s *Souls in the Making* (1930), Karl R. Stolz’s *Pastoral Psychology* (1932), Charles T. Holman’s *The Cure of Souls* (1932), and Rollo May’s *The Art of Counseling* (1939) develop the relationship between personality formation and social context.⁹²

Charles T. Holman was one of the first American pastors to hold the view that new developments in psychology and in psychiatry should have significant effects on conceptions and practices of pastoral care. His attempt to formulate a “pastoral psychology” was published in 1932 in a book entitled, *The Cure of Souls: A Socio-*

⁹¹ See George W. Stocking, ed., Jr., *Malinowski, Rivers, Benedict, and Others: Essays on Culture and Personality* (Madison: The University of Wisconsin Press, 1988). Mead later became an important voice in conversations about pastoral counseling and homosexuality.

⁹² See John G. Mackenzie, *Souls in the Making: An Introduction to Pastoral Psychology* (New York: The Macmillan Company, 1930), Karl R. Stolz, *Pastoral Psychology*, revised edition (New York: Abingdon-Cokesbury Press, 1940, orig. 1932), Charles T. Holman, *The Cure of Souls: A Socio-Psychological Approach* (Chicago: The University of Chicago Press, 1932), and Rollo May, *The Art of Counseling: How to Gain and Give Mental Health* (Nashville: Cokesbury Press, 1939).

Psychological Approach. Holman uses the term “personality” in part to justify his use of the term “soul;” he writes that rather than thinking of individuals as “separable entities of body and soul... [w]e shall think of them in the wholeness and integrity of their personality.”⁹³ The rhetoric of “wholeness” is key in the early pastoral counseling literature, in which both salvation and the care of souls are described as “making whole.” Both Holman and Boisen are influenced by George H. Mead’s work on social influences on the self.⁹⁴ Holman describes the social formation of the personality:

[P]ersonality is achieved, we have seen, in the interaction of the individual with his social environment. Personality is the product of this dynamic relationship between what heredity bestows and what the social milieu presents. Personality is achieved as adjustments are made to social situations and as society mediates to the individual its habits, attitudes, purposes, ideas, and ideals.⁹⁵

The notion of “adjustment” is key in Holman’s understanding of the sickness and health of the soul.⁹⁶ Holman writes that the “[h]ealth of the soul is dependent on adequate social adjustment,” and that by contrast the “‘sick’ soul [refers to] the maladjusted, disintegrated, ineffective, non-co-operative personality.”⁹⁷ In Holman’s text, the “cure of souls” refers to helping individuals make an “adjustment” that results in “the unification of personality.”⁹⁸

Rollo May’s 1939 text, *The Art of Counseling: How to Gain and Give Mental Health*, develops a similar view of the social formation of the “personality.” Whereas in Holman’s earlier work adjustment is something required by the “sick soul,” May

⁹³ Holman, *The Cure of Souls*, 3.

⁹⁴ *Ibid.*, 56.

⁹⁵ *Ibid.*, 55.

⁹⁶ *Ibid.*, 252.

⁹⁷ *Ibid.*, 69, 73.

⁹⁸ *Ibid.*, 269. He writes further, “To bring to pass such an adjustment in cases of moral failure, or, to put it otherwise, to satisfy conscience by lifting life to a higher moral level, is, of course, to effect ‘the cure of souls.’ This is what the minister will seek to accomplish” (194).

emphasizes that all individuals are constantly adjusting and re-adjusting their “personality tensions.”⁹⁹ “Everyone has personality problems,” he writes, “and everyone is continuously in the process of re-adjusting the tensions within his personality. No one is completely ‘normal.’”¹⁰⁰ An adjustment is not something one accomplishes once and for all; rather individuals are constantly faced with personality tensions that stand in need of adjusting.

Boisen emphasizes the need to take into account a wide range of social and personal factors in the genesis of mental illness. He acknowledges the importance of Freud’s work in noting that the “recognition of mental factors in the genesis of the disorders of the personality has received greatest support and impetus from the teachings of Dr. Sigmund Freud of Vienna.”¹⁰¹ Yet Boisen resists close association with Freud’s work, perhaps to avoid falling under popular interpretations holding that Freud reduced neuroses to unconscious sexual drives and desires. Boisen’s case histories attend to a wide range of causal factors. Sexual maladjustment, however, is the most critical site of analysis in many of his cases.¹⁰²

Failures in the “Realm of Sex”

Boisen devotes the first chapter of *The Exploration of the Inner World* to the case of a patient he calls “Albert W.” In an effort to show the similarity between mental disorder and religious experience, Boisen compares Albert W.’s period of disorganization

⁹⁹ May, *The Art of Counseling*, 28, my emphasis. He writes, “Thus personality is never static. It is alive, ever-changing, mobile; it is plastic, variable, almost protean. We should not speak of ‘balance’ in personality, or ‘equilibrium,’ for these imply that one’s personality tensions can be set once for all. Becoming static is in this realm synonymous with death... Each of us, then, can achieve a better adjustment of his personality tensions. No man has ‘arrived’” (29, 41).

¹⁰⁰ *Ibid.*, 39.

¹⁰¹ Boisen, *The Exploration of the Inner World*, 102. Boisen writes that he had not heard of Freud in 1920 when he was articulating his own psychogenic view of mental illness (10).

¹⁰² See for example, Boisen, *The Exploration of the Inner World*, 149, 196-7, 272.

to that of the “great mystics.”¹⁰³ Throughout the text, Boisen seeks to establish a similarity between religious experience and mental disorder. He argues that the difference is in the outcome. George Fox for example, unlike Albert W., was successful “in making certain insights which came to him in the disturbed period the organizing center of a socially valuable new self.”¹⁰⁴ Boisen highlights another difference between George Fox and Albert W. Unlike Albert W., Boisen writes that George Fox was “singularly free from the grosser sex maladjustments, which figure so prominently in most of our hospital cases.”¹⁰⁵

Albert W. was notable in that he was “frank in discussing his sex maladjustments,” and as Boisen adds, “it is certain that he had plenty of them.”¹⁰⁶ He recalls that his “autoerotic practices” began at age fourteen and that at age fifteen, “he had had his first heterosexual experience.”¹⁰⁷ While at a reform school, “he had run into homosexual practices which the boys called ‘pumpkin-scraping’.”¹⁰⁸ Albert W. “fought against his homosexual tendencies” and he “worried much over the problem of autoeroticism.”¹⁰⁹ Boisen also notes a “serious love affair with the sister of [Albert W.’s] brother-in-law,” which “left him deeply depressed.”¹¹⁰ As he sketches significant contours of Albert W.’s sexuality, Boisen never attempts to label or categorize it. Rather,

¹⁰³ Ibid., 82.

¹⁰⁴ Ibid.

¹⁰⁵ Ibid., 64. It is not the case that sexual maladjustment is at issue with hospital patients while not with the “great mystics.” Boisen writes, for example, that Emmanuel Swedenborg’s “sex adjustments were... unsatisfactory” (71). Yet the contrast that Boisen highlights is significant in that one of the reasons he develops the case of Albert W. at length is because it draws attention to the prominence of sexual maladjustment in many hospital cases.

¹⁰⁶ Ibid., 25.

¹⁰⁷ Ibid., 19.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid., 25.

¹¹⁰ Ibid., 19.

he examines shifting “tendencies” and “practices.” This language, used throughout the case histories in the 1930s, allows for desires to be unstable, complex, and in some cases, “readjusted.”

Boisen’s claims about the prominence of sexual maladjustment in many hospital cases are often tethered to empirical examples from his hospital work. Later in the text, he supports these claims with French psychologist Pierre Janet’s statistic in *Médications Psychologiques* (1919) that 75% of cases of mental illness are due to sexual maladjustment.¹¹¹ Boisen argues that “[i]n the great majority of cases [the] unassimilated experience pertains to the realm of sex.”¹¹² Boisen uses mystical language to describe this “realm” as something that many people find both “fascinating and terrifying,” something “of which they are unable to bring themselves to speak.”¹¹³ The same language reappears in Boisen’s descriptions of the sexual maladjustment at root in his own illness.¹¹⁴ His account of the onset in the introduction to *The Exploration of the Inner World* is framed with a sexual problem and a religious conversion:

The disturbance came on very suddenly and it was extremely severe. I had never been in better condition physically; *the difficulty was rooted wholly in a severe inner struggle arising out of a precocious sexual sensitivity, dating from my fourth year.* It was cleared up on Easter morning in my twenty-second year through a spontaneous religious conversion experience which followed upon a period of black despair.¹¹⁵

Boisen worked to disentangle connections between religion, madness, and sex in the lives of many patients. He also emphasized the need for churches to engage these issues.

¹¹¹ Ibid., 272.

¹¹² Ibid., 149.

¹¹³ Ibid.

¹¹⁴ In his autobiography, Boisen writes, “the entire realm of sex was for me at once fascinating and terrifying. The essence of the difficulty lay thus in the fact that these sexual interests could neither be controlled nor acknowledged for fear of condemnation.” Boisen, *Out of the Depths*, 43.

¹¹⁵ Boisen, *The Exploration of the Inner World*, 2, my emphasis.

Churchly Speech

While pastoral literature on sex grew rapidly in the 1950s, Boisen argued that sex was an important pastoral topic as early as the 1930s. Boisen notes that in his contemporary context, the church had been criticized for its emphasis on sexual prohibitions. He refers to what he calls “the old evangelism” or the “pre-war Y.M.C.A. evangelism” at the turn of the 20th century.¹¹⁶ He suggests that this “evangelistic work of the church” had “centered very largely on [the] problem of instinctual control,” and that “the word sin has been rather commonly associated with the idea of sexual transgression.”¹¹⁷ This focus was criticized, Boisen explains, because it diverted attention from social injustice and because the church’s teaching on sex “has been responsible for much unnecessary suffering.”¹¹⁸

Boisen writes that this second “criticism comes especially from medical men,” who “feel very strongly that only the thorough grounding in the biological and physiological aspects of sex which their training affords can furnish an adequate basis for an intelligent attitude.”¹¹⁹ While Boisen holds that “*technical* advice regarding sex adjustments” is the province of the physician and not the minister, “liberal clergymen” need not have acquiesced to “the claims of medical men to the exclusive control over all that has to do with the problem of sex.”¹²⁰ Boisen holds that “the problem of sex does

¹¹⁶ Ibid., 272.

¹¹⁷ Ibid.

¹¹⁸ Ibid., 273.

¹¹⁹ Ibid.

¹²⁰ Ibid., 274-5, 274. He writes the following exhortation: “What is needed is to set people free from the paralyzing fears and the sense of condemnation so that they may strive for the attainment of their true objectives. It cannot be too strongly emphasized that it is possible to do this without telling them that masturbation is a trivial matter in which everyone indulges, or without taking the position that it is the normal thing to have recourse to extramarital sex relations. The one thing needful is to release the sufferer from the tyranny of the standardized and

assuredly fall within the province of the minister” insofar as it “has to do with the philosophy of life and with those loyalties and relationships which are regarded as ultimate.”¹²¹

Boisen argued that sex was precisely the point at which religion and medicine overlapped. Early the third part of *The Exploration*, Boisen writes a chapter entitled, “Where Priest and Physician Meet.” In this chapter, the meeting point is the “problem of the mentally ill.”¹²² In the penultimate chapter, however, the book makes a crucial turn. This chapter also identifies a province shared by pastors and physicians, but here that region is sex, which, Boisen states, “is and always will be a religious as well as a biological and medical problem.”¹²³ Boisen’s insistence that sexual maladjustment “figures so prominently in mental disorders” is used to secure his argument that pastors and physicians should work together.¹²⁴ The clinical training programs facilitated just such a cooperative endeavor.

The Sexual Lives of “Living Human Documents”

The case histories and interview transcripts that Boisen and his students recorded reflect Boisen’s insistence that “sex problems” and religious concerns play a significant role in mental disturbance. Hundreds of extant case histories indicate a persistent focus on sexual adjustment. These documents show the use of different techniques to raise and

to help him to feel that in the eyes of love any man is a good man if he is doing the best he can with the material he has to work with. Let no one misunderstand. I do not intend to imply that the minister is now to change his tactics and discourse openly on the problem of sex. What I do mean is that he should have a true understanding of what is on the minds of his people and recognize how large a part sex problems play in their lives” (279-280).

¹²¹ Ibid., 275.

¹²² He argues that this collaborative work is the best way to “give these sufferers any real help or arrive at any true understanding of the meaning of their experiences.” Boisen, *The Exploration of the Inner World*, 220.

¹²³ Ibid., 277.

¹²⁴ Ibid.

analyze issues concerning sexual adjustment. They also reflect certain biases and assumptions. It was more common, for example, to consider the results of intelligence tests in African American men than in patients who were white. A woman who refused intercourse with her husband too frequently or who was unable to orgasm with her husband would likely be given a pelvic exam to determine whether she was “frigid” or otherwise incapable of sexual satisfaction, while clinicians were more likely to look for “homosexual tendencies” in a male patient who struggled with intercourse with his wife. The representations of individual selves and subjectivities in the cases histories are shaded by the raced, classed, gendered, and sexed assumptions of the clinicians who worked with them. These and other assumptions tacitly informed the particular ways in which Boisen and his students sought to determine and assess sexual adjustment in individual patients.

The pursuit of patients’ “sex problems” posed challenges for Boisen and his students. The factors that needed to be considered in order to assess sexual adjustment were often hazy, obscure, and contingent on the circumstances of particular cases. Many of the case histories reflect difficulty in determining how to separate an adequate sexual adjustment from a maladjustment. Perhaps the most significant challenge was the question of what exactly needed to be uncovered in order to assess the hazy notion of sexual adjustment in the first place. “Sexual adjustment” was not something easily identified. It was constituted by a complex web of issues and relationships. This included family members, spouses, other sexual or romantic partners, medical expertise, connections to social and vocational adjustment, connections to religious concerns, and finally, relations to patients’ own desires, thoughts, and practices. In order to assess an

individual's sexual adjustment, workers needed to consider a broad spectrum of information. This involved spousal reflections on the frequency and adequacy of intercourse, as well as family members' accounts of the "sex instruction" that a patient received, notable childhood sexual behaviors, and accounts of the patient's romantic history. It also involved clinical accounts of sexually charged behaviors observed on the wards.¹²⁵

Finally, it involved a proliferation of information from patients themselves. Boisen and his students sought to determine how frequently a patient masturbated, the age at which the patient began masturbating, the nature and content of the erotic fantasy that accompanied masturbation, whether the patient received sex instruction, whether they had experiences of unrequited love or sexually charged episodes as children, whether a patient had ever participated in "homosexual activities" or "episodes," whether they indicated "homosexual interest" or "tendencies," whether and under what circumstances patients had experienced sexual intercourse, whether patients were able to orgasm or otherwise experience satisfaction during intercourse with a spouse, and finally, whether these things caused patients to experience a sense of guilt, pride, or embarrassment. Perhaps the most significant aspect of this spectrum of information is that in so many ways, sex needed to come to speech.

Speaking Sex

It was difficult to elicit direct speech from patients. In some cases, the pursuit of patient's sexual adjustment entailed a hermeneutic task of discerning ways in which

¹²⁵ On the general use of life histories in scientific research on mental illness and in the work of early-twentieth century social scientific research, see Naoko Wake, *Private Practices: Harry Stack Sullivan, the Science of Homosexuality, and American Liberalism* (New Brunswick: Rutgers University Press, 2011), 85-120.

information about sexual practices was clothed in the voices and visions that they experienced. Boisen writes an analysis in 1932 of a patient diagnosed with paranoid dementia praecox who would, according to Boisen, “transfer blame for masturbation” in his accounts of the visions he experienced. The patient would complain of “electrical currents which play upon him and cause frequent ejaculations” and speak of “electrical charge as causing his penis to become erect and ejaculate.” Boisen explains that these descriptions of electrical currents indicate a “tendency to concealment.”

Another case, this one recorded by a student in 1934, centers on a patient whose practice of masturbation was externalized in a vision laden with religious symbolism. The student writes, “While there ‘beautiful voices’ said of him, ‘Oh, he’s masturbating, oh he’s masturbating.’ These he thought were the voices of God and his guardian angels.” In other cases, patients spoke directly of their sexual worries, experiences, and desires. But even in these cases, many were reluctant and brief. The decisive importance that Boisen and his students attributed to patients’ sexual adjustment required the use of techniques and procedures that would help them to generate speech about sex.

The following excerpt is from an interview conducted in 1932 by Boisen and Ronald Frederickson, one of the first two students to stay at Elgin for a full year, with a teenage boy whose “worries [were] synchronized with a struggle with masturbation.”¹²⁶

Q: One thing that always enters in is the problem of managing the sex instinct. We all have difficulty in managing it. Under the present social conditions it cannot be openly expressed as in certain other situations. Have you had any trouble in your sex drive?

A: Yes.

Q. When?

A. Several years ago.

Q. How old were you then?

A. About seven years old.

Q. You got to thinking about it, or playing with yourself?

¹²⁶ Boisen, *Out of the Depths*, 174.

A. Yes, quite a bit.

Q. Ever have bad dreams?

A. Yes.

Q. It became stronger at the adolescent period and would worry you?

A. Yes.

Q. Did it seem overpowering at times?

A. Yes.

Q. You felt responsible for measuring up to certain standards.

A. Yes.

Q. Have you ever realized that the good man is the one who has the right spirit, not the one who makes no mistakes? A good card player doesn't win every trick, he just plays his hand for what it is worth. We aren't responsible for our endowments; the man worthy of honor does the best he can with what he has to work with. Thus you are free to do what your best self requires of him. A man should learn to be true to his best self and to rid himself of guilt and loneliness.

In this conversation, the interviewers explicitly raise the issue of the patient's "sex drive."

This discussion begins with the interviewers' suggestion that everyone faces the problem of managing the sex drive—a claim they frequently made in conversations about sex. A series of very terse responses is followed by an analogy to a "good card player" who "does the best he can with what he has to work with." Analogies to the ordinary were commonly used coaching techniques used in conversations about sex.

A second excerpt is from an interview with a slightly older patient diagnosed with catatonic dementia praecox. The interview was conducted in 1933 by Rothe Hilger, the other student who stayed on at Elgin for the full year.¹²⁷ Unlike the interview conducted by Boisen and Frederickson, Hilger does not explicitly introduce sex into the conversation. Rather, Hilger leads the patient by asking a general question about whether the patient experiences a sense of a "battle" within himself.¹²⁸

Q. Perhaps you know, [*addresses the patient by name*], that these large struggles and conflicts are often only representations of struggles which are going on inside of us. There are two forces in the world, good and bad. These two are in every person. They often cause conflicts or battles in our minds and when these battles inside become very big and real to us we project them into large battles on the outside of us. Perhaps you can

¹²⁷ Ibid.

¹²⁸ Battle imagery was often used in descriptions of individuals' relation to the sex drive.

look into your own life and see these two forces and sometimes you can feel them when one force inside of you tells you to do something and then the other force tells you that you are doing wrong. That is what we speak of as our conscience. As you recall the time before you became disturbed can you remember anything that you were doing that you kept feeling was wrong; that is something that was making a battle go on inside of you?

A. I guess masturbation was one thing. I tried to control it but I could not. There was plenty of conflict, everything was in a whirl, everything was going on, it looked like my mind was on the boom.

Q. You feel then that there was some definite force which kept pushing itself into your mind and you kept trying to push it out or keep it down?

A. Sex was that way.

Q. What phase of sex was that way?

A. Masturbating.

Q. Were you afraid of the physical effects of masturbation?

A. No. It was the habit that I was trying to get away from. I know that from 13 to 19 years boys masturbate and there is no physical effect.

Q. Did you have sex relations with girls?

A. Only once I went to a house of prostitution.

Q. Did you day dream about sex?

A. It was a lot in my imagination.

[...]

Q. There is something else that you must learn in order that you may not have to come back here again. You are bothered by a strong sex urge but you are not any different from other people in that respect [*sic*]. Everybody has that problem. You should not feel that you are different from other people or that you are the only one that has to under go these sex urges. There is nothing wrong about having a sex desire but there are different ways that we can deal with it. There is really nothing wrong in masturbating but you can direct this impulse into other channels... You know if you put some wine in a bottle and stop it up it will blow the stopper out, well these impulses are like that if you just keep trying to push them back into background then they will get larger and larger. You must admit that they are there but do other things besides dream about them.

The excerpt ends with an analogy to the ordinary that offers insight into how Boisen and his students thought about sex. The sex drive, like a bottle of wine, is something common and not particularly harmful unless it is not adequately managed.

Boisen's interest in connections between sex problems and religious concern is reflected in his work in the early 1920s. Many cases that he recorded as a student of Macfie Campbell at the Boston Psychopathic Hospital consider patients who were charismatic Christians ("holy rollers" in Boisen's writing). He writes several case histories concerning patients who were members of the Mission, a Pentecostal Church attended by Portuguese converts who were "under the influence of religious excitement"

or “under the spell of music.” He describes the sex problems in, for example, the case of a sexually promiscuous man who had a positive Wassermann test and in the case of a woman who believed herself to be a prophetess who had an affair involving her religious belief.

The cases written at Worcester and at Elgin, like those from the Boston Psychopathic Hospital, suggest that Boisen and his students thought that sex problems and religious concerns were connected. A case from 1938 written by a student reflects one prominent way in which they were intertwined. The patient, “effeminate in manner and build... attempted to have homosexual relations with other patients on the ward.” He was treated for his psychosis with Metrazol, a drug discovered in 1934 that was one of the first physical therapies used with the intent of producing convulsions in patients.¹²⁹ The patient suggests that his sex problems are the reason for his psychosis. Yet the student writing his case analysis adds, “But his sex problems are intricately tied up with his relationship to his parents and his religion.” The patient, who was “troubled with the habit of masturbation... had an emotional experience [at the altar of the First Evangelical of Elmhurst] and thought he was saved.” The fact that he started masturbating again was a great source of conflict. The author of the case explains, “He did not feel that he could go on masturbating and still be eternally secure.” The patient’s religious views and experiences shape his interpretation of his sexual desires and practices. The following case illustrates an extended intricate reflection on a patient’s sex problems and his religious concerns.

¹²⁹ Shorter, *A History of Psychiatry*, 214-224.

The case of Lawrence Murphy¹³⁰ is notable because of the way in which his sex problems and religious concerns are woven together in the accounts of his mental illness. Boisen assigned the case to a student, C. C. Shotts, “for intensive study” in 1935.¹³¹ Shotts met Lawrence one week after he was admitted to the hospital. He conducted interviews or “conferences” with him three or four times a week while Lawrence was a patient.¹³² Shotts writes that Lawrence “discussed his sex difficulties with remarkable frankness and yet with appropriate affect, frequently blushing and showing a good deal of embarrassment.”¹³³ Neither of the two case histories that Shotts wrote mentions Lawrence’s clinical diagnosis. Both attend, rather, to the religious content of Lawrence’s psychosis and to the religiously charged events leading up to his admittance to the hospital.

Shotts explains that the “most immediate element in the thought content of this patient,” who was reported to have spent much of his time in the hospital lying on the floor praying and reading the Bible, “is his dependence on specific guidance from God.”¹³⁴ Lawrence experienced “vivid hunches” and “inner” or “inward pushes” that he interpreted as coming from God.¹³⁵ According to Shotts, “He professed to have a remarkable religious conversion and reported that God talked to him, and told him what to do.”¹³⁶ Over the course of the two years leading up to Lawrence’s admittance to the hospital, he spent much of his time reading the Bible and a fundamentalist religious

¹³⁰ “Lawrence Murphy” is a pseudonym used for this patient throughout the chapter.

¹³¹ C. C. Shotts, *Second Case History of Lawrence Murphy* [1935] (hereafter, “C2”), Anton T. Boisen Collection, Series 4, Chicago Theological Seminary, Chicago, Illinois.

¹³² C. C. Shotts, *First Case History of Lawrence Murphy* [1935] (hereafter, “C1”), Anton T. Boisen Collection, Series 4, Chicago Theological Seminary, Chicago, Illinois.

¹³³ C2.

¹³⁴ C1.

¹³⁵ C1, C2.

¹³⁶ C2.

magazine called the “Voice.”¹³⁷ He considered going to the Moody Bible institute where he wanted to study to become an evangelist. Shotts locates the origin of Lawrence’s

“hunches” in a conversion experience:

He appeared to have had some remarkable religious conversion and reported that God talked to him. He would obey God’s voice in whatever he did, and would frequently stop and get down on his knees to pray as he went about the farm. During this time the patient reports increased irritation with his father and close attachment to his mother. It was also during the period that he heard a number of sermons over the radio from the Moody Bible Institute.¹³⁸

Throughout his life, Lawrence’s father was a great source of difficulty for him. He would lose his temper and swear at the family, express feelings of contempt towards Lawrence for being “lazy” or “girlish,” and he would ridicule religion, which was deeply important to Lawrence’s mother. Shotts gives Lawrence the nickname, “A Mother’s Boy,” in the second case analysis. His mother, who by contrast to his father was a “quiet submissive person,” was often his only source of comfort.¹³⁹ Lawrence’s acute disturbance was precipitated by his mother’s hospitalization after she suffered a broken arm in an automobile accident.

Shotts narrates the significant events in the four days following his mother’s accident. On Thursday, Lawrence locked himself in his closet. His father found him in his room on his knees with his head in his hands. Lawrence interpreted his “trips to the closet” as occasions where he would commit himself to God.¹⁴⁰ The following day, Lawrence visited his mother in the hospital. He found it impossible to return home;

¹³⁷ C1.

¹³⁸ C1.

¹³⁹ C1.

¹⁴⁰ C1.

Shotts explains that an “inward push” compelled him to lie down in the street and pray.¹⁴¹

Lawrence recalls the experience:

It seemed that it was impossible to go back home. Began thinking about it, and it just seemed that if I would get down and pray about it I would know what to do. I also felt that I should lie down in the street to pray. It was not long till the police came along.¹⁴²

When Shotts and Lawrence discussed this event again in a later conference, Lawrence notes that he was “lying on [his] back to pray that day the cops came along and stopped [him].”¹⁴³ Examining the significance of the position, Shotts asks Lawrence “how women lie when they submit themselves.” He records the following response, “(Blushing and with the head very low he said) They lie on their backs.”¹⁴⁴ Lawrence later explained that he gathered this information from watching his parents have sexual intercourse.¹⁴⁵ The day after praying in the street, Lawrence refused to visit his mother, and instead tried to run away to the Moody Bible Institute. He recalls that the “decision came very sudden. On Saturday I was getting ready to go see my mother, and just decided to change and go to Moody.”¹⁴⁶ Lawrence’s father had him committed the following Monday.¹⁴⁷

These two case analyses of Lawrence both narrate the “history of the present illness” by discussing first sex problems and then religious concerns. Shotts states, “[m]uch of the patient’s problem has centered around sex.”¹⁴⁸

¹⁴¹ C2.

¹⁴² Shotts interview with Lawrence Murphy, July 21, 1935.

¹⁴³ Shotts interview with Lawrence Murphy, July 30, 1935.

¹⁴⁴ Shotts interview with Lawrence Murphy, July 29, 1935.

¹⁴⁵ Shotts interview with Lawrence Murphy, August 4, 1935.

Shotts asks, “Where did you get the idea that women lay on their backs and men get on top of them?” Lawrence replies, “From seeing my father and mother. I never saw them with the cover off, but I could tell that he was on top and was doing the working.”

¹⁴⁶ Shotts interview with Lawrence Murphy, July 29, 1935.

¹⁴⁷ C2.

¹⁴⁸ C2.

[Lawrence] has had a serious character difficulty dating from early puberty which has been growing progressively more serious. There has been excessive autoerotic indulgence accompanied by a deep sense of shame and guilt. The social and vocational maladjustments seem to have been consequences of the sex maladjustment.¹⁴⁹

Shotts dates this character difficulty more precisely. “[Lawrence] seems to have been a shy, serious-minded, seclusive person who since his eleventh year has felt uncomfortable in the presence of other people... The sex problem became severe in his eleventh year and seems to have been closely associated with his social adjustments.”¹⁵⁰ At age eleven, Lawrence was “initiated into the activity (masturbation)”¹⁵¹ and he “developed a strong guilt reaction because of it.”¹⁵² Lawrence discloses this initial event in a conference one week after meeting Shotts, who writes of their meeting that day, “Since he was in such high spirits I thought it would be a good time to go a little deeper into the question of his sex life.”¹⁵³ Lawrence had raised the issue during their first conversation in the context of a discussion of his father. Perhaps sensing Shotts’s interest in early factors that might have contributed to his psychosis, Lawrence says:

(With much blushing and shyness) But there is something else. It is the real cause of the trouble. But I shouldn’t talk to anybody about that. Do you think I should? Guess I can tell you that - - - if it were confidential. I have had a lot of trouble with masturbation. It always made me feel terribly bad.¹⁵⁴

Lawrence returns to this issue a week later. Shotts writes that Lawrence discussed the following event for half an hour. He breaks his convention of recording transcripts of their conversations by providing only a summary. Lawrence explains that his older brothers would openly masturbate and encourage him to do the same.

¹⁴⁹ C2.

¹⁵⁰ C2.

¹⁵¹ Shotts interview with Lawrence Murphy, July 28, 1935.

¹⁵² C2.

¹⁵³ Shotts interview with Lawrence Murphy, July 28, 1935.

¹⁵⁴ Shotts interview with Lawrence Murphy, July 21, 1935.

The first time he did it he was by himself over the cow barn. One drop of semen fell on his sox [*sic*], and he felt very proud that he was big enough to do it. He took his proof right to the older boys, but when he showed it to them it had dried up so much that he could not convince them.¹⁵⁵

Shotts suggests that “[it] was not long after this till he began to worry.”¹⁵⁶

Masturbation subsequently became a major source of concern for Lawrence.

Shotts describes Lawrence’s struggle:

The outstanding features of the thought content are the highly developed erotic phantasy and the marked religious concern. The struggle against erotic domination seems to have consumed a large part of his time and attention for several years. Masturbation has been a constant problem. He states that it took the place of recreation and of normal contacts with people and that at times he would indulge in it as often as three or four times a day. Sex phantasy was a prominent feature and he frequently reached orgasm through phantasy alone.¹⁵⁷

In the same conversation, Lawrence discusses other recurrent events in his sexual past.

Shotts summarizes Lawrence’s words:

His sister used to play the piano a lot, and he would sit by her on the piano bench and pull her dress up and look her over. She did not mind unless he got too bad, then she would ball him out and push him back... Once when she was sitting at the sewing machine he got his hand up under her bloomers... He would lie down by the side of her and feel of her till he was properly excited. Then he would either masturbate right there, or run up stairs quickly and do it.¹⁵⁸

Shotts adds that Lawrence was “also stimulated by the sight of his mother,” and he “used to watch [her] to see something that would arouse him.”¹⁵⁹ When sex comes up in conversation between them again two days later, Shotts asks Lawrence about the animals on the farm:

¹⁵⁵ Shotts interview with Lawrence Murphy, July 28, 1935.

¹⁵⁶ C1.

¹⁵⁷ C2.

¹⁵⁸ Shotts interview with Lawrence Murphy, July 28, 1935. Shotts also describes this in the second case history: “At the age of fourteen he began the practice of sitting at the piano-bench with his nine year old sister and handling her in such a way as to excite himself sexually. He found other methods of becoming sexually stimulated by his sister. His mother was also the object of much erotic phantasy” (C2).

¹⁵⁹ C1, Shotts interview with Lawrence Murphy, July 28, 1935.

Q. In talking about the question of sex the other day it seemed rather unusual that there was no reference to animals.

A. I guess I just forgot about the animals.

Q. One would expect a boy on the farm to see animals in sex acts, and have some questions about it.

A. All my relations were with sows.

[...]

Q. How did you feel about sexual intercourse with animals?

A. I never had a strong feeling about animals. I had to work myself up a lot to get excited when I saw animals having sexual intercourse, and also when I did it to the sows.¹⁶⁰

Lawrence's difficulties with masturbation and his sexual behavior involving his mother, his sister, and the animals on the farm are all features of Shotts' representation of the "sex maladjustment." For many authors of the case histories, a range of desires and practices constituted "sex problems." One prominent concern that stands out across the case histories is the possibility that "homosexual interests" and "tendencies" are key factors in the genesis of psychoses. The possibility that a patient might become a homosexual, however, emerged in the case histories much later.

The "Overt, Confirmed Homosexual"

The case histories and interview transcripts recorded by Boisen and his students attend to things like "homosexual activities," "homosexual experiences," "homosexual tendencies," "homosexual practices," "homosexual trends," and "homosexual episodes," throughout Boisen's clinical chaplaincy. This is evident even in the early cases from Boisen's position at Worcester. In 1928, for example, a student notes in his analysis that the patient "denies any homosexual interest or practice." Another student that year notes that a different patient "indicated homosexual practices." A case at Elgin written by Boisen and a student in 1933 notes that the patient "intimated that there were some homo-sexual trends." While cases where homosexuality is considered are most often in

¹⁶⁰ Shotts interview with Lawrence Murphy, July 30, 1935.

patients who are white and male, students would occasionally consider the possibility of homosexuality in women. A case written by a student in 1938 notes that this female patient exhibited only one “indication of homosexuality.” Another case written by a student in 1940 notes that while the patient “exhibited an attachment to an older girl in the ward,” she did not “manifest homosexual tendencies.”

In some case histories, indications of homosexuality play prominent roles. In 1932, Boisen writes that the biggest liability in a patient diagnosed with catatonic dementia praecox was the presence of his “[s]trongly entrenched unacceptable cravings of a homo-sexual nature.” Like the case of Albert W. considered extensively in Boisen’s *Exploration of the Inner World*, this patient is depicted with complex and dynamic desires. Victor Schuldt, a student who also wrote an analysis of the case, explains that “[h]e was interested in girls.” Indeed, he even asked one to marry him. When she refused, he was fixed up with a girl from another town. It was after he began making plans for a wedding that “the acute onset came.” Schuldt’s prognosis is astounding:

I feel that he sees his problem and also feel that his future is dependent upon his willingness and ability to fight out his battle of sexual perversion and sexual adjustment to a tenable living basis.

In Schuldt’s view, the patient must overcome his “battle of sexual perversion” so that he can recover from dementia praecox, not so that he might become a heterosexual. Schuldt further discusses the patient:

In his past life, there have been homo-sexual tendencies. Both by admission and by overt... acts the patient has shown since commitment a definite homo-sexual trend. This means a short cut in his sexual life, with an inevitable clash when the normal sex drive comes to the fore with impending marriage. He could not face marriage with the knowledge of his own failure, and with the perverted [*sic*] form of sexual satisfaction having gained the upperhand [*sic*] with him. It presented a situation he could not face, and he went into an acute mental disturbance as escape from the dilemma.

Schuldt casts the patient as a site of conflict between “the normal sex drive” and his “homosexual tendencies,” his “perverted form of sexual satisfaction.” He assumes that the patient is capable of multiple forms of sexual satisfaction, not that his “homo-sexual trend” might become fixed. At stake for Schuldt in discussing the likelihood of the patient “fight[ing] out his battle of sexual perversion and sexual adjustment to a tenable living basis” is the patient’s recovery from dementia praecox. In short, the worry for Schuldt is that the patient will continue to suffer from dementia praecox, not that he will become a homosexual.

Another student, Lloyd Hansen, writes the case history of a patient suffering from “considerable emotional distress” from his sex problems in 1939. These sex problems were rooted in “three overt sexual acts.” Hansen lists them:

He admitted masturbation and one heterosexual experience at which he failed [the patient reported impotence when he attempted intercourse with a cousin], also one homosexual experience. Each of these three factors seemed to cause him considerable agitation and feelings of guilt.

Hansen writes a more detailed discussion of the patient’s sex adjustments:

One night after we had taken a long walk, [the patient] was finally induced to talk of his sex adjustments. He stated that at 15 he had a homosexual experience with an older man. He would say nothing as to the actual nature of this act. Whenever the subject of sex was approached, he became emotionally disturbed and very reticent, refusing to give details of his sexual activities. When he was about 16 he says he began to masturbate and continued the practice very infrequently until 18. This bothered him a good deal, so that he finally stopped the practice after his attempted suicide [In September of 1935, the patient “shot himself just above the heart with a 22 rifle.”] – feeling that masturbation may have partly caused his feeling of inadequacy.

The “experience” at age fifteen was the only noted instance of “overt homosexual behavior.” Hansen connects the patient’s problem to his feelings of guilt and inadequacy. He explains that “[s]exually, [the patient] was unable to adjust. He has fought with a

strong homo tendency which he has been unable to indulge and has been unable to accept.” Hansen writes further that “[the patient] has been much worried about his feeling of guilt in regard to the homosexual tendencies.” Hansen emphasizes the distress produced by the patient’s sexual “tendencies”:

The patient feels a tremendous struggle against homosexual tendencies. Men often arouse him sexually and he finds it very distasteful; or unacceptable... The conflict with homo tendencies is causing him a great deal of distress.

Hansen’s prognosis is telling: “his sexual problem will cause him further distress unless it can be adjusted.”¹⁶¹ Hansen, like Schuldts, suggests that the danger facing the patient is that he will remain in a state of mental distress, not that he will become a homosexual.

A case history written in 1954 written by a student, Robert Manners, illustrates a significant contrast to these cases written in the 1930s. “Schizophrenic reaction” was found in the patient, though two doctors at Elgin suggested that he gave “diagnostic impressions of Sociopathic personality disturbance with sexual deviation.” Manners explains that the patient’s “sexual adjustment has been markedly poor and recently deviant.” As many of the workers had done in earlier cases, Manners interviewed the patient’s family members. His sister-in-law, for example, reported that the patient had had “both heterosexual and homosexual experiences,” and that “recently he [had] been going around with a crowd of homosexuals.” Manners notes in the patient a certain “degree of frankness in discussing sex problems.” He writes that the patient “admits homosexual associations and will discuss some of the incidents.” The patient tells

¹⁶¹ Hansen is not optimistic about the outcome: “It is possible that psychotherapy could be used to good advantage, although I think it would be difficult to secure a transference with the patient. He might be led to accept and understand his homo tendencies. Occupational and recreational therapy will be especially valuable in keeping him from becoming preoccupied with his difficulties. Also, he might gain greater confidence in himself by learning to do things. His sexual and emotional adjustment must be made before any great improvement can be expected. How this can be done I don’t know. Maybe psychoanalysis could do it.”

Manners that he first learned about “queers” on a trip to Daytona, Florida. “A fellow there thought he was good looking ... and asked him to go for a ride.” When the man offered sex, the patient declined and said that he was married. Back in Chicago, he “made homosexual contacts” while “working at the Esquire theatre.” Manners writes that the patient “admits going to ‘gay parties’ but usually denies at the same time that he has ever ‘gone to bed’ or ‘had sex’ with a man.”

In contrast to the cases written in the 1930s, Manners focuses less on the patient’s schizophrenic reaction than on the possibility of the patient becoming a homosexual. He notes that the patient “does not seem to have fully accepted homosexual patterns as a means of meeting the sex drive.” Manners offers evidence: “He maintains acquaintances with girls,” “He has dated girls his age.” Manners observes that “[t]here are the admissions of homosexual activities, but an insistence on recounting stories of heterosexual experiences.” All of this leads Manners to make the following notable conclusion: “The actual nature of the homosexual activity is not at all clear. He does not seem to be an overt, confirmed homosexual.” The possibility of becoming “an overt, confirmed homosexual” is new. Manners describes the patient’s sexual prognosis:

At this time there is no evidence that [the patient] is making a struggle against erotic domination. He seems to have given way, partially at least, to the irregularity of homosexual activity, but worker does not feel that he is *irreversibly homosexual*.¹⁶²

Manners presents the patient’s insistence on recounting “heterosexual experiences” as evidence that he is not yet “irreversibly homosexual.” Whereas both Schuldt and Hansen writing in the 1930s identify overcoming “sex problems” as a necessity for recovering from psychoses, Manners has disentangled the patient’s sexual practices from his mental

¹⁶² My emphasis.

disorder. For Manners, the threat of establishing a fixed pattern of “homosexual activity” is a concern distinct from the patient’s recovery from schizophrenia.

Certain shifts within the clinical discourse precipitated the possibility of becoming a fixed homosexual. The cases in the late 1940s reflect experiments with new forms for case analysis. Boisen uses a two-page worksheet comprised largely of quantitative analysis in the case of a 26-year-old beautician. Boisen underlines “6. Overt homosexuality” and “3. Unsatisfactory” both of which fall under “Sex Adjustments” on a worksheet that includes the following:

SOCIAL ADJUSTMENTS: 1. Good; 2. Average; 3. Unsatisfactory; 4. Not clear
SEX ADJUSTMENTS: 1. Apparently good; 2. Average; 3. Unsatisfactory; 4. Not clear
a. 1. Normal behavior; 2. Marital maladjustment; 3. Extra-marital affairs; 4. Erotic phantasy; 5. Uncontrolled masturbation; 6. Overt homosexuality; 7. Not clear

The enumerated categories entail certain restrictions. “Homosexual tendencies,” “experiences,” and “practices” are not listed as options. These categories are subsumed by the general category of “overt homosexuality.” By the mid-1950s, it was much more common to use empirically based quantitative language. For example, a student writing a case in 1954 writes, “As to the question of homosexuality, we have no reliable positive evidence.” Another student writes the following in a one-page case analysis in 1955: “It was not conclusive that he was decidedly homosexual.”

However, it was not the case that the notion of “the homosexual” suddenly appeared in the case histories. A patient at Worcester in 1928 recalls the following from his visions: “On asking the reason for the persecution I was told that I was going to be made a *homosexual* for breaking my oath in the Order.”¹⁶³ A student writes an analysis of

¹⁶³ My emphasis.

a patient in 1935 who “went to a *homo-sexual* who practiced fallacio.”¹⁶⁴ Another patient in 1939 says to the student writing his case history, “Sex is very hard for me to talk about – I’ve always been afraid of being a *homo*.”¹⁶⁵ To be sure, there are “homosexuals” throughout the case histories. But in all of these instances, the homosexual remains a shadowy character that exists only in pedagogical imaginations. The pastoral psychology literature written in the 1930s similarly describes imagined sexual characters. John MacKenzie’s *Souls in the Making* (1930), for example, devotes one page to “the invert” in a chapter on conflict:

A little must be said on a type that the minister may not meet often and yet it is probably a type that is commoner than is sometimes realized. They create a serious problem to themselves and to the community. This is the *Invert*—the individual who can be sexually attracted only by the same sex... the invert, with his tremendous temptations to actions which outrage the moral sense of society, needs to be understood.¹⁶⁶

Even while MacKenzie suggests that the invert is “probably a type that is commoner than is sometimes realized,” this remains a character that the minister is not likely to encounter. MacKenzie’s text and the descriptions of homosexuals in the case histories written in the 1920s and the 1930s stand in contrast to Manners’ 1954 case history, which holds at the center a patient who faces the real possibility of becoming an “overt, confirmed homosexual.”

Conclusion

Boisen sought to establish a connection between religion and psychiatry theoretically in his published writing and pedagogically in his work to establish a structure of clinical training for theological students. The clinical pastoral training

¹⁶⁴ My emphasis.

¹⁶⁵ My emphasis.

¹⁶⁶ MacKenzie, *Souls in the Making*, 14.

movement remained relatively small during the 1920s and the 1930s. By the 1940s, many seminaries and theological schools offered clinical training programs. Paul Tillich describes a persistent need for ministry to engage modern psychology in 1956:

More and more people, under the pressure of unresolved human needs, are turning to their clergymen for help. Yet only a small fraction of the clergy has been equipped, through psychological orientation, to understand and respond to its obligation.¹⁶⁷

By the mid-1950s, a new movement—the modern pastoral counseling movement—was underway and many were working to meet Tillich’s concern.

Seward Hiltner argues that the “the movement for clinical pastoral training” was the “most vital single influence on the modern literature of pastoral counseling.”¹⁶⁸ Many pastors who were prominent voices in conversations about pastoral counseling and sexuality were either trained under Boisen or held positions in clinical training programs like the ones that Boisen established. The early clinical pastoral training movement alongside the literature on “pastoral psychology” introduced new understandings of the self into modern Christian thought. The whole framework, the grid of intelligibility, for making sense of human life was new. It involved new foundational concepts such as personality, adjustment, and growth. It also involved the new forms of knowledge and techniques of examination that were developing in psychology, anthropology, and sociology. New pastoral interest in the social formation of the self entailed a new understanding of subjectivity and with it, the rise of an “inner world” that was something in need of navigation.

¹⁶⁷ Letter from Paul Tillich to One, Inc., 1956, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

¹⁶⁸ Seward Hiltner, “The Literature of Pastoral Counseling—Past, Present, and Future,” *Pastoral Psychology* 2, no. 5 (June 1951): 25.

Boisen insisted that conceptions of “mental illness” needed to account for the possibility that a patient’s “inner world” had “gone to pieces,” “shatter[ed],” or had been “twisted out of shape.” He argued that these experiences were qualitatively indistinguishable from the religious experiences of the “great mystics,” and that liberal Protestant churches should therefore take more intellectual and pastoral interest in the psychiatric hospitals. His involvement in clinical pastoral training was just such an opportunity to provide theological students concrete experience with the “living human documents.”

Sexual adjustment is presented as a particularly prominent factor in the genesis of mental disorder in both Boisen’s published writings and in the case histories written by Boisen and his students. Among the varieties of sexual “problems” presented by hospital patients, Boisen and his students considered the possibility of “homosexual activities,” “homosexual experiences,” “homosexual tendencies,” “homosexual practices,” “homosexual trends,” and “homosexual episodes” in the cases written in the 1930s. This stands in marked contrast to the dearth of pastoral literature on homosexuality in the 1930s. The case histories written by Schuldt (1932) and Hansen (1939) suggest that resolving “sex problems” is a key component in patients’ recovery from their psychoses. The case history written by Manners in 1954 illustrates a significant shift in the language used around homosexuality. Manners’ case in 1954 disentangles sexual behavior from the patient’s psychosis. He focuses on the sexual outcome, with little regard for its connection to the patient’s illness. Manners considers the possibility that the patient might become “an overt, confirmed homosexual”—a relatively rare possibility in the case histories written in the 1930s.

Connections to medical discourse and practice in the formation of clinical pastoral training are important for considering ways in which the pastoral role becomes newly invested with medical authority in the mid-20th century, especially in relation to issues of sex and sexuality. The language used in the pastoral discourse on sex in the 1950s and the 1960s is distinct from the language used in the case histories and in Boisen's writing. The later discourse integrates a more technical psychological vocabulary. These and other rhetorical shifts are important for illuminating connections to modern science and medicine in the mid-twentieth century, and the subtle ways in which they decisively influence the pastoral discourse on sexuality.

CHAPTER 2

Shepherds of the Personality: The Medical and Scientific Roots of Modern Pastoral Counseling

One of the earliest essays on “pastoral counseling” describes it as useful for “dealing with the sick in body, mind or spirit.”¹ The author, Presbyterian minister Seward Hiltner, uses the term “illness” throughout his analysis of a “single extended ‘case’.”² This case, however, is not at all about physical sickness. Rather, it centers on a “‘normal’ crisis in a family’s growth.”³ Hiltner explains that the case deals “with ‘illness’” in a broad sense, “in the sense of mal-functioning of the whole *personality*.”⁴

This chapter examines two key factors in the development of early pastoral counseling. The first factor is the broader intellectual and cultural discourse on psychosomatic medicine, which raised the possibility that religion might be therapeutic. Understandings of healing as restoring wholeness drew physicians and pastors into conversation. Prominent authors of the early pastoral counseling literature like Hiltner engaged these issues and contributed to a growing body of literature on religion and medicine.

The second factor is the influence of modern psychology on the discourse of modern pastoral counseling. Significant theological terms like “soul” and “sin” were replaced or combined with psychological terms like “development” and “neurosis.” Beyond providing a new language, modern psychology influenced the very notion of the self, of the human subject who could be shaped through counseling. Modern pastoral counseling literature is marked by its focus on the “personality” together with a host of

¹ Seward Hiltner, *Religion and Health* (New York: The Macmillan Company, 1943), 167.

² *Ibid.*, 183.

³ *Ibid.*

⁴ *Ibid.*, my emphasis.

questions about how it forms, how it develops, and how it can be changed. Many pastors shared the view of Anton Boisen that “the personality is a social product.”⁵ They deeply engaged the work of authors such as Harry Stack Sullivan, George H. Mead, Gordon Allport, and Carl Rogers on the social influences on the personality.

These two factors—the therapeutic role of religion in restoring wholeness and the influence of modern psychology—decisively shaped the pastoral discourse on sexuality in the 1950s. The treatment of sexual problems fell under the general rubric of “[restoring] the ability to function as a whole personality.”⁶ A popular magazine in the 1940s includes an illustrative example in an article on the importance of clinical pastoral training:

In one small town a young homosexual went to his pastor to be helped back to normality. The pastor, untrained in the clinical aspects of sex deviation, advised him to ‘marry one of our nice young girls and settle down.’ He married the daughter of a fine local family, had a child and—as any psychiatrist might have predicted—wrecked their lives as well as his own.⁷

A “clinically trained pastor,” on the other hand, “would have worked toward a reconstruction of the young man’s personality.”⁸ Conceptions of the personality as socially influenced and receptive to “reconstruction” were tethered to the modern psychological notion of “development.” Later pastoral notions of “sexual development”

⁵ Anton T. Boisen, “The Therapeutic Significance of Anxiety,” 1951, Robert Asher Preston Papers, Box 1, Emory University, Atlanta, Georgia. Boisen’s work and thought are discussed at length in chapter 1.

⁶ Paul E. Johnson, *Personality and Religion* (New York: Abingdon Press, 1957), 208.

⁷ Howard Whitman, “New Horizons for Your Pastor,” November 1947, *Women’s Home Companion*, Association for Clinical Pastoral Education Southeast Region Records, Emory University, Atlanta, Georgia.

⁸ *Ibid.*

give accounts of how one “*learns* to become heterosexual,” and of how this how this progress can become “fixed” or “arrested” at homosexual stages along the way.⁹

This chapter focuses on widely read texts written by five prominent authors of the early pastoral counseling literature. All of these authors were ordained Protestant ministers and professors who were all involved in the early clinical pastoral training movement.¹⁰ The chapter develops in three parts. The first section analyzes three widely read pastoral works on religion, health, and medicine authored by Russell L. Dicks, Carroll A. Wise, and Seward Hiltner against the cultural background of growing interest in psychosomatic medicine and in the role of religion in treating illness. The second section examines the influence of modern psychology on the early development of modern pastoral counseling in texts written between 1949 and 1951 by Hiltner, Wise, Dicks, David E. Roberts, and Wayne Oates. It analyzes four key moral-theological categories that are replaced, conjoined, or subsumed by psychological categories, and that become prominent in the discourse of modern pastoral counseling. The third section considers the pastoral treatment of sex and sex problems in the works discussed in the

⁹ See for example, Seward Hiltner, *Sex Ethics and the Kinsey Reports* (New York: Association Press, 1953), 125, original emphasis.

¹⁰ Presbyterian minister and professor of pastoral theology Seward Hiltner (1909-1984) was an early clinical student of Boisen and he was also the executive secretary of the Council for the Clinical Training of Theological Students (1935-1938). Methodist chaplain and professor of pastoral psychology and counseling Carroll A. Wise (1903-1985) received clinical training under Anton Boisen at the Worcester State Hospital before succeeding Boisen as the hospital’s chaplain and clinical training supervisor in 1931. Methodist minister and professor of pastoral care Russell L. Dicks (1906-1965) worked closely with Boisen’s mentor, Richard C. Cabot, and became one of the first chaplain supervisors as the hospital chaplain at the Massachusetts General Hospital. Presbyterian minister and professor of systematic theology and of the philosophy of religion David E. Roberts (1911-55) was also involved in the clinical pastoral training movement. Baptist pastor and professor of pastoral theology Wayne Oates (1917-1999) received clinical training at the Elgin State Hospital before founding his own clinical training program at the Kentucky State Hospital.

first two sections. It suggests that while this early pastoral literature largely characterizes sex as a medical problem, it intimates an incipient and proprietary pastoral interest in sex.

Psychosomatic Medicine and the New Therapeutic Role of Religion

W. H. R. Rivers' Fitzpatrick Lectures delivered at the Royal College of Physicians of London in 1915 and 1916 centered on illuminating unstable boundaries and "intimate relations" between medicine, magic, and religion.¹¹ Rivers presents a narrative of the development of human culture in which these three "social processes" were gradually differentiated as people began to formulate materialistic explanations of the universe.¹² He suggests that recent attention to "the part taken by psychical factors in the causation and treatment of disease" will again draw religion and medicine close together, and that "the work of the physician" and "the function of the priest" will be found to overlap.¹³

Methodist chaplain and professor of pastoral psychology Carroll A. Wise quotes Rivers' concluding words in his 1942 work, *Religion in Illness and Health*—a text that historian E. Brooks Holifield argues "stimulated interest in the therapeutic functions of religion."¹⁴ Rivers describes the shifting relationship between medicine and religion:

One of the most striking results of the modern developments of our knowledge concerning the influence of mental factors in disease is that they are bringing back medicine in some measure to that co-operation with religion which existed in the early stages of human progress.¹⁵

¹¹ W. H. R. Rivers, *Medicine, Magic and Religion: The Fitzpatrick Lectures delivered before the Royal College of Physicians of London in 1915 and 1916* (London and New York: Routledge, 1924), 80.

¹² *Ibid.*, 1, 110-111.

¹³ *Ibid.*, 107.

¹⁴ E. Brooks Holifield, "Carroll A. Wise," *Dictionary of Pastoral Care and Counseling*, 1327.

¹⁵ Rivers, *Medicine, Magic and Religion*, 132. Quoted in Carroll A. Wise, *Religion in Illness and Health* (New York and London: Harper & Brothers, 1942), 99.

This passage suggests a burgeoning cultural interest in the role of mental and emotional factors in disease. The early writings of Wise and other prominent figures in the pastoral counseling movement addressed the significance of these questions and of what some called “psychosomatic medicine” for thinking about the relationship between religion, health, and medicine.¹⁶ In Wise’s view, it was “no longer scientifically tenable to divide man into two parts, body and soul, and to relegate the care of one to the physician and the care of the other to the clergyman.”¹⁷ He argues, rather, “the psychic and physical are united in a unity or wholeness.”¹⁸

Rivers projected that the growing recognition of the “play of psychical factors” in the “causation and treatment of disease” would produce greater collaboration between “priest and physician.”¹⁹ In addition to the clinical pastoral training programs that Boisen led, several notable clinics that drew pastors and physicians into collaborative therapeutic roles preceded the pastoral literature on religion, health, and medicine in the 1940s. Rivers noted that this regular collaboration was already evident in the United States in the Emmanuel Movement—a popular movement started by Episcopal priest Elwood Worcester (1862-1940) and his associate Samuel McComb (1864-1938) at the Emmanuel Church in Boston in 1906.²⁰ Worcester and McComb both received advanced training in psychology in Germany under Wilhelm Wundt (1832-1920), who played an important

¹⁶ See for example, Russell L. Dicks, *Pastoral Work and Personal Counseling: An Introduction to Pastoral Care*, revised edition (New York: The Macmillan Company, 1949 [1944]), 93.

¹⁷ Carroll A. Wise, “Mental Hygiene and the Clergy,” 1939, Robert Asher Preston Papers, Box 2, Emory University, Atlanta, Georgia.

¹⁸ *Ibid.*

¹⁹ Rivers, *Medicine, Magic and Religion*, 106-7.

²⁰ Ann Taves, *Fits, Trances, & Visions: Experiencing Religion and Explaining Experience from Wesley to James* (Princeton: Princeton University Press, 1999), 311-325.

role in the development of modern experimental psychology.²¹ Worcester was a significant mentor to Anton Boisen throughout Boisen's struggle to increase the presence of Protestant chaplains in psychiatric hospitals.²²

Historian Ann Taves suggests that in contrast to Christian Science and the 'faith-cure' movements that championed a religious healing distinct from medical healing, the leaders of the Emmanuel Movement sought to bridge scientific and religious forms of healing.²³ As founder of the Society of the Healing Christ Thomas Boyd Parker (1864-1936) phrases it, the leaders of the Emmanuel Movement enlisted a whole "staff of healers" that included physicians, psychologists, and priests who provided individual therapy sessions and social gatherings where they practiced psychotherapy and used the technique of suggestion.²⁴ At first, the movement had support from eminent physicians like James J. Putnam and Richard Cabot.²⁵ By 1908, many physicians had withdrawn their support of the Emmanuel Movement, and in 1909, the public clinics were suspended.²⁶

²¹ *Ibid.*, 315.

Many pastoral authors reference Wundt's psychological laboratory (1879) and William James' psychological studies (1881) together to mark the beginning of modern psychology. See for example, Paul E. Johnson, *Personality and Religion*, 5.

²² Worcester wrote a letter in support of Boisen's "Project for the Study of Certain Types of Mental Disorder from the Religious Standpoint" in the early 1920s. His letters to Boisen maintain a gentle and supportive tone throughout their correspondence. Anton T. Boisen Collection, Chicago Theological Seminary, Chicago, Illinois.

²³ Taves, *Fits, Trances, & Visions*, 312.

She explains that they did this through an emphasis on the experimental psychology of the subconscious and the use of psychotherapy.

²⁴ Thomas Parker Boyd, *The How and Why of the Emmanuel Movement: A Hand-book on Psychotherapeutics* (San Francisco: The Whitaker & Rap Company, 1909), *xiv*.

Taves, *Fits, Trances, & Visions*, 321.

²⁵ Taves, *Fits, Trances, & Visions*, 315. Cabot's role in the early clinical pastoral training movement is described in chapter 1.

²⁶ *Ibid.*, 325.

Though the clinical practices at Emmanuel Church lasted only a short time, interest in religious and medical counseling continued to grow and other similar “clinical” settings had more success. One notable example is in the work of famous American Methodist minister, Normal Vincent Peale (1898-1993), who later authored the widely read bestseller, *The Power of Positive Thinking* (1952).²⁷ Historian Anne Harrington explains that Peale popularized the central impetus of what William James called in 1902 the “Mind-cure movement” while disassociating it from the metaphysical roots of New Thought.²⁸ Historian Carol V. R. George explains that Peale accepted a position as the pastor of Marble Collegiate Church in New York City in 1932 with hopes of creating a “spiritual clinic” that was open to “any ‘needy’ person who sought his help.”²⁹ With a rapidly growing client base, Peale began working with psychiatrist Smiley Blanton in 1934.³⁰ Peale and Blanton established the “Marble Collegiate Church Clinic” in 1937, which continued to operate in several different forms through the 1970s.³¹ George suggests that this “psychotherapeutic healing clinic” in a church basement “duplicated the model Elwood Worcester had developed at the Emmanuel Clinic years earlier.”³²

²⁷ For an analysis of Peale’s counsel with homosexuals, see Rebecca L. Davis, “‘My Homosexuality is Getting Worse Every Day’: Normal Vincent Peale, Psychiatry, and the Liberal Protestant Response to Same-Sex Desires in Mid-Twentieth-Century America,” in *American Christianities: A History of Dominance and Diversity*, edited by Catherine A. Brekus and W. Clark Gilpin (Chapel Hill: The University of North Carolina Press, 2011).

²⁸ Anne Harrington, *The Cure Within: A History of Mind-Body Medicine* (New York and London: W. W. Norton & Company, 2008), 119. William James, *The Varieties of Religious Experience: A Study in Human Nature* (London and New York: Routledge, 2008 [1902]), 70.

²⁹ Carol V. R. George, *God’s Salesman: Norman Vincent Peale & The Power of Positive Thinking* (New York and Oxford: Oxford University Press, 1993), 77.

³⁰ *Ibid.*, 89.

³¹ *Ibid.*, 90, 92.

³² *Ibid.*, 88, 89. She writes further, “Pastoral care as it surfaced in mainstream churches dealt with what Worcester had called ‘functional illnesses,’ as opposed to organic or somatic problems. Records describing the patient population after fifteen years of operation indicated that the marble

Blanton and Peale co-authored a book entitled, *Faith is the Answer: A Psychiatrist and a Pastor Discuss Your Problems* (1940), in which case material from the “Church Clinic” is used to discuss matters like “Fear, Worry, and Anxiety,” “Love and Marriage,” and “The Power of Faith.”³³ Seward Hiltner offered the authors suggestions and criticisms on an early version of the text.³⁴ The book is framed with statements about the therapeutic aim shared by “the minister and the psychiatrist” and about the benefits of the work carried out by the “Church Clinic” in which “the minister and psychiatrist join forces for a mutual adventure in the solution of human problems.”³⁵ For both authors, clinical collaboration between ministers and psychiatrists centered on a connection between mind and body. Blanton offers an illustrative anecdote:

One physician, some forty years ago, even wrote that, if he could cut his patients’ heads off when they were sick, he could get them well much quicker. It did not occur to him that it might be better to treat the heads than to cut them off. But that new attitude is growing. The modern physician thinks of man as a mental-physical unit. He does not look upon man’s mental, moral, and emotional life as separated from his physical life. *He sees him whole*. If the patient be unwell, his head must be left on and perhaps even treated along with his body.³⁶

Clinic treated essentially the same problems Worcester had addressed— anxiety, depression, morbid fears, alcoholism, ‘inadequate social relationships,’ and unhappy marital and family situations” (90).

³³ Smiley Blanton and Norman Vincent Peale, *Faith is the Answer: A Psychiatrist and a Pastor Discuss Your Problems* (New York and Nashville: Abingdon—Cokesbury Press, 1940), 59.

³⁴ *Ibid.*, 7.

³⁵ *Ibid.*, 11. Blanton argued that religion and psychiatry “can often work together with greater effectiveness than may be possible when only one is used.”

Smiley Blanton, “Religion and Psychiatry,” Newsletter at the Central State Griffon Memorial Hospital, January 17, 1957, Russell L. Dicks Papers, Emory University, Atlanta, Georgia.

³⁶ Blanton and Peale, *Faith is the Answer*, 204-205, my emphasis. Blanton writes further: “When this more rational concept began to prevail, and the physician began to be aware of the patient as an indivisible unit, compact of mind and body, his healing art made almost miraculous advances. He learned that illness was not caused solely by abnormalities of the chemistry of the body or weakening of the body’s defenses against germs, but also by emotional maladjustments giving rise to such morbid fears and hatreds as to cause actual changes in the body’s chemistry. It is now conceded that indigestion, abnormal functioning of the heart, high blood pressure, asthma, various pains, and chronic fatigue, as well as nervous and mental breakdowns, may be due primarily to emotional and spiritual maladjustments—to inability to have faith, to feel secure, to love, to find one’s proper place in the world’s scheme” (205).

Peale emphasizes the healing power of faith. He argues that many people would “have good health, free from emotional ills and from much sickness of all types” if they would “practice faith and invite its healing power.”³⁷

Helen Flanders Dunbar’s work played an important role in the growing interest in psychosomatic relationships in both medical and pastoral circles.³⁸ Flanders Dunbar framed her 1931 report on the Council with reflections on the significance of John Dewey’s 1928 address before the New York Academy of Medicine. Dewey had argued for the necessity of understanding mind and body as an “integral whole.”³⁹ Harrington writes that Flanders Dunbar’s *Emotions and Bodily Change: A Survey of Literature on Psychosomatic Interrelationships* (1935) “helped produce consensus within professional medical circles that the mind-body connection warranted further study.”⁴⁰ Flanders Dunbar’s concluding words to the book illuminate the importance of psychosomatic relationships for the general practice of medicine:

At the outset, the field of psychosomatic interrelationships was presented as a borderline problem between the specialties. It has been pointed out, however, that this is much more than a borderline problem: *it is the kernel and focus of all medical knowledge and practice.*⁴¹

Carroll Wise highlights the importance of Flanders Dunbar’s work for pastors. He explains that the appearance of the book “provided a strong impetus, not only to

³⁷ Ibid., 211.

³⁸ Helen Flanders Dunbar’s role in the early clinical pastoral training movement is discussed in chapter 1.

³⁹ Helen Flanders Dunbar, “Address on the Council for the Clinical Training of Theological Students (1931),” Association for Clinical Pastoral Education Records, Series I, Emory University, Atlanta, Georgia.

⁴⁰ Harrington, *The Cure Within*, 88.

⁴¹ H. Flanders Dunbar, *Emotions and Bodily Changes: A Survey of Literature on Psychosomatic Interrelationships 1910-1933* (New York: Columbia University Press, 1935), 432, my emphasis.

physicians, but also to a small group of clergymen who are studying the problems of religion and health.”⁴²

An important book published in the same year as Boisen’s *Exploration of the Inner World* (1936) set the stage for thinking about the pastoral role in the treatment of health and illness. Historian Brooks Holifield writes that the book “helped to change the understanding of the cure of souls in American Protestantism.”⁴³ *The Art of Ministering to the Sick* (1936) was co-authored by Richard C. Cabot and Russell L. Dicks. Dicks worked with Cabot to establish a structure of clinical training for theological students at the Massachusetts General Hospital where Dicks was a hospital chaplain (1933-1937) at the time of the book’s publication. The clinical pastoral training movement played a major role in bringing pastors into working relationships with physicians.

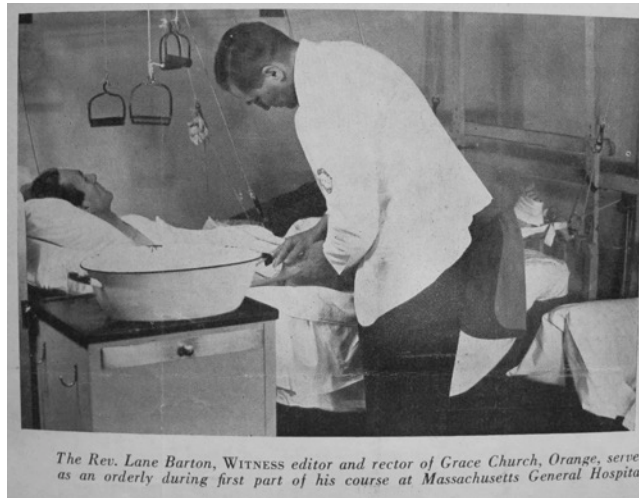


Figure 1. This image (1944) shows a minister receiving clinical training at the program Cabot and Dicks started at the Massachusetts General Hospital.⁴⁴

⁴² Wise, *Religion in Illness and Health*, xiii.

⁴³ E. Brooks Holifield, *A History of Pastoral Care in America: From Salvation to Self-Realization* (Eugene, Oregon: Wipf & Stock Publishers, 1983), 237.

⁴⁴ Lane Barton, “Witness Editor Takes Course in General Hospital,” *The Witness* XXVIII, no. 4 (September 7, 1944): 3, Association for Clinical Pastoral Education Records, Series VI, Box 194, Emory University, Atlanta, Georgia.

One of the key aims of *The Art of Ministering to the Sick* was to establish the notion that the pastor, in addition to the physician, plays an essential role in the treatment of illness.

The opening chapter, “Why the Minister Should Visit the Sick,” is framed with a series of questions: “Has the Protestant minister of today any good reason to visit the sick?”⁴⁵ “[C]an the Protestant minister be anything but a nuisance?”⁴⁶ Though “[m]any physicians doubt it,” Cabot and Dicks answer yes, “the minister has a place in the sickroom, a place not that of the doctor, of the psychiatrist, of the social worker or of anybody else.”⁴⁷ This affirmative answer is tethered to the understanding that physical illness is affected by emotional and mental factors.⁴⁸ For Cabot and Dicks, the most effective treatment for physical illness was to assume that the specific illness was inextricably linked to a patient’s outlook and emotional state. The most effective treatment, in other words, involved viewing the human organism as a whole.⁴⁹

Carroll Wise stood in agreement with figures like Worcester, Peale, and Flanders Dunbar that the growing interest in “the psychosomatic approach in medicine” produced a broader conception of illness—one that entailed an integral role of religion.⁵⁰ Wise

⁴⁵ Richard C. Cabot and Russell L. Dicks, *The Art of Ministering to the Sick* (New York: The Macmillan Company, 1943), 5.

⁴⁶ *Ibid.*, 5.

⁴⁷ *Ibid.*

⁴⁸ Dicks argues later that “[i]t is only a matter of time until we shall be talking about health without distinguishing between physical and mental health.”

Russell L. Dicks, “The Church and Health [1948],” Russell L. Dicks Papers, Emory University, Atlanta, Georgia.

⁴⁹ Cabot and Dicks argue, “[Patients] need the minister because the sick do not live by bread alone, nor by the most appropriate diet, medication, surgery, nursing, and hygiene that can be brought to their aid. They need the clergyman because the appendix, the gall bladder, the heart, lungs, and other organs are not independent machines but are linked in their adventures with a nervous system and with a conscious mind which usually integrates, though it sometimes disintegrates, their behavior in sickness and in health.” Cabot and Dicks, *The Art of Ministering to the Sick*, 6.

⁵⁰ Wise, *Religion in Illness and Health*, xii. He writes further, “There has been a growing consciousness that health involves much more than the control of disease, and that illness may be

argues in *Religion in Illness and Health* that “the more the validity of psychosomatic concepts is established, the greater becomes the necessity of understanding the role of religion in the health of the personality.”⁵¹ For Wise, modern medical knowledge did not simply produce changes in conceptions of illness, but also in conceptions of human nature.⁵² The new point of view that “looks upon the individual as an organism rather than a mechanism” centers on the idea that the “healthy” person is one who functions as an integrated whole in mind, spirit, and body.⁵³ In any given “manifestation of illness,” Wise explains that “there lies a period of conflict and tension, and an unsuccessful attempt on the part of the organism to regain its equilibrium and bring its parts under the control of the whole.”⁵⁴ For Wise, like many authors of the pastoral counseling literature, “To be healthy is not only to be free of anxiety, but it is also to be whole.”⁵⁵

Seward Hiltner was the executive secretary of the Commission on Religion and Health⁵⁶ when his work, *Religion and Health*, was published in 1943.⁵⁷ Like Wise,

caused by emotional and social factors in the life of the patient. This, together with an increased emphasis on the psychological aspects of religion, has focused attention on the spiritual factors in illness and health” (xi).

⁵¹ Ibid., xii.

⁵² He writes, “The basic difference between the new and the old conception of illness and health lies in their view of the nature of man. The older point of view was materialistic and mechanistic in its approach and divided the body into many parts, attempting to understand each part as a separate unit without considering its relationship to other parts or to the whole. There was no consideration of man-as-a-whole. This is the essence of the new conception.” Ibid., 82.

⁵³ Ibid.

⁵⁴ Ibid., 80.

⁵⁵ Ibid.

⁵⁶ One of the stated purposes of establishing a Commission on Religion and Health was to “show that health of body, mind and spirit is an essential concern of religion.” Seward Hiltner, pamphlet on “Religion and Mental Health,” 1949 (revised 1952), Edward E. Thornton Papers, Emory University, Atlanta, Georgia.

⁵⁷ Though Wise’s book was not available when Hiltner was writing his text, he lauds the merits of the Wise’s text: “This book now contains the best and most complete description in print for the non-medical reader of the facts about psychosomatic interrelationships. Had it been available prior to the writing of this chapter [Chapter IV, “The Relation of Christianity to the Maintenance of Health and the Cure of Illness: Part I, Scientific Background”], it would have been quoted

Hiltner suggests that increasing acceptance of the “idea of health as related to the whole personality” was stimulated by both physiologists’ attention to “intimate connections between the body and attitudes” and ministers’ interest in the therapeutic use of “scientific findings.”⁵⁸ Indeed, Hiltner suggests that attention to “psychosomatic interrelationships,” “psychic influences upon somatic conditions,” and the presence of both psychic and somatic factors in “bodily disorders” was becoming a central concern in mainstream medicine.⁵⁹ Like Wise, Hiltner emphasizes the importance of social factors. He cites anthropological work that suggesting that “cultural patterns” shape one’s sense of self.⁶⁰ For both Wise and Hiltner, attention to psychosomatic medicine opens space for considering the contributions religion makes to health. Hiltner considers the “therapeutic use of religious resources” together with ways in which prayer influences health.⁶¹ He suggests that “if ministry to the *psyche* is intimately related to ministry to the *soma*,” then “the religious worker has a real place on the team which works with those who are ill.”⁶²

Hiltner’s *Religion and Health* begins with a narrative of the American mental hygiene movement and its central figure, Clifford Beers. Hiltner, who served on the National Committee for Mental Hygiene, suggests that the mental hygiene movement had

extensively. The reader is urged to consult it as giving a more comprehensive picture than our single chapter can profess to do.” Hiltner, *Religion and Health*, 276, n. 3.

⁵⁸ Ibid., viii. He writes, “Ministers began to use the insights of science in their understandings of persons they were trying to help. Some physicians, like Richard C. Cabot, envisioned a new kind of religious ministry to the sick. The religious education movement incorporated some of the scientific findings into its work and philosophy. Prayer came to be thought of vitally and constructively in connection with health. Clinical training for the clergy was started” (viii).

⁵⁹ Ibid., 66, 79, 66. He writes, “Modern medicine is rapidly coming to the conclusion that whether an illness is physical *or* psychic is the wrong question, and that the real question is, ‘*To what extent physical and to what extent psychic*’” (66).

⁶⁰ Hiltner cites Mead and Benedict here. Ibid., 273.

⁶¹ Ibid., 39. On the influence of prayer on health, Hiltner writes, “the process itself helps to make real the insights which renew life though with stabs of pain” (39).

⁶² Ibid., 91.

a “significant influence” on pastoral counseling, on sermons, and on church social work.⁶³

Hiltner states, “few people in America have been uninfluenced by the mental hygiene movement, whether they realize it or not.”⁶⁴ The mental hygiene movement generated pastoral interest in therapeutic connections between religion and medicine. One such figure was the prominent American pastor of Riverside Church in New York City, Harry Emerson Fosdick (1878-1969). Fosdick’s address before the National Committee for Mental Hygiene in 1927 emphasized the need for collaboration between religious and medical professionals.⁶⁵

Hiltner suggests that the mental hygiene movement contributed to broader conceptions of “‘health’ as including the whole personality, or as we inadequately try to describe it, health of body, mind and spirit.”⁶⁶ He explains that while “hygiene” in general is “the study and practice of those conditions which make for ‘health and efficiency’ of the body,” “[m]ental hygiene is by analogy the study and practice of those conditions which make for ‘health and efficiency’ of the mind.”⁶⁷ For Hiltner, mental hygiene is oriented towards patterns of human behavior. This “technology of human conduct”

⁶³ E. Brooks Holifield, “Carroll A. Wise,” *Dictionary of Pastoral Care and Counseling*, ed. Rodney J. Hunter (Nashville: Abingdon Press, 1991), 508. Hiltner, *Religion and Health*, 11. Hiltner writes further: “It has helped open [ministers’] eyes to the value of mental hygiene and psychiatric clinics, to family welfare agencies, to visiting teachers and visiting nurses, to school psychologists and psychiatrists, to character-building groups such as the Boy and Girl Scouts, the Boys Clubs of America and others, to recreational facilities and workers, and to many other aspects of modern constructive ‘social welfare’” (9-10). Hiltner also discusses the growing impact of the mental hygiene movement on religious education. He writes: “The mental hygiene movement has begun at least to teach both ministers and church school teachers that religious education programs cannot produce strong Christian character or ‘spiritual health’ without paying some attention to mental health” (10).

⁶⁴ *Ibid.*, 8.

⁶⁵ Charles F. Kemp, *Physicians of the Soul: A History of Pastoral Counseling* (New York: The Macmillan Company, 1947), 271.

⁶⁶ Hiltner, *Religion and Health*, 24.

⁶⁷ *Ibid.*, 11-12.

assumes that human behavior has both personally and socially significant meaning that can be disclosed.⁶⁸

On Hiltner's view, mental hygiene functions *preventatively* to facilitate making the adjustments necessitated by a particular environment. Wise similarly suggests that "the role of the clergyman" should be "primarily in the field of prevention."⁶⁹ Norman Vincent Peale identifies something roughly parallel to this focus on the preventative therapeutic function of religion in his preface to *Faith is the Answer*: "I wish to stress to the reader at the outset that our work in religion and psychiatry is not directed to pathological cases but deals with normal people... Our joint function is to help normal people live normal, happy, and worth-while lives."⁷⁰ While the growing cultural interest in psychosomatic relationships drew attention to the role of religion in the treatment of disease and of restoring individuals to health and wholeness, Hiltner, Wise, and Peale highlight the pastoral role in *maintaining* health and wholeness. The therapeutic role of religion was important not only for treating people while they were sick but for all people no matter their life circumstances.

A New Alliance: Modern Psychology and Pastoral Counseling

While some 20th-century authors wrote narrative histories of pastoral care that sought to illustrate continuity across centuries of Christian soul care, Charles F. Kemp's 1947 history of pastoral counseling is notable for its emphasis on a pronounced

⁶⁸ Ibid., 19-20. The notion that all behavior has meaning is significant in Hiltner's later work on sexual behavior.

⁶⁹ Wise, *Religion in Illness and Health*, 257. He writes further, "In a sense prevention and cure cannot be separated. They are two aspects of the same problem. But the tendency of religion to overemphasize what is frequently called the 'cure of souls' requires that stress be laid on the more positive function of religion, that of prevention" (257).

⁷⁰ Blanton and Peale, *Faith is the Answer*, 9. Hiltner acknowledges both Blanton and Peale for comments on his manuscript (284).

discontinuity. Only the first sixty pages of *Physicians of the Soul* consider material “from Jesus to the Twentieth Century.”⁷¹ Most of the book focuses on developments that take place in the first half of the twentieth century. Kemp’s words opening the section on the twentieth century identify the “new psychology” in the late nineteenth and early twentieth century that

necessitated a re-thinking and a re-evaluating of [the] historic function of the ‘cure of souls’ in the light of the new insights and discoveries that were being uncovered. An adjustment to the findings of science was nothing new to the church... But psychology was different. It invaded the very area of the soul; it dealt intimately with the inner life of the mind and personality.⁷²

This passage illustrates some of the ways in which modern pastoral counseling was decisively shaped by its encounters with modern psychology. The embrace of its “new insights” and “discoveries” sits alongside a resistance lurking in the use of the military or disease metaphor of an “invasion.” Perhaps the most notable feature of this passage is that the use of terms like “soul,” “adjustment,” and “personality” indicate the juxtaposition of psychological and theological categories.

The relationship between modern pastoral counseling and modern psychological categories and practices like psychotherapy, psychoanalysis, and non-directive counseling was complex. Some changes were embraced and made explicit, as with the impetus to abandon “moral condemnation” in favor of taking on a “therapeutic attitude.” Other changes were subtle. New psychological terms gently replaced or became more widely used than traditional theological terms as with “personality” and “soul.” Some terms that had histories as both theological and psychological categories were used alongside psychological terms as with “growth” and “development.” In still other cases,

⁷¹ Kemp, *Physicians of the Soul*, 3-66.

⁷² *Ibid.*, 69.

correlations were drawn between psychological terms and theological terms such as “sin” and “neurosis,” which suggests that those theological categories were subsumed though not replaced by psychological categories.

Pastoral Counseling

This section outlines key features of several widely read texts published between 1949 and 1951 that illustrate some of the ways that modern pastoral counseling becomes linked with modern psychology. It considers the rhetoric around four paired categories: personality and soul, growth and development, moral condemnation and the therapeutic attitude, and sin and neurosis. These categories are analyzed in Russell L. Dick’s revised edition of *Pastoral Work and Personal Counseling* (1949), Seward Hiltner’s *Pastoral Counseling* (1949), David E. Roberts’ *Psychotherapy and a Christian View of Man* (1950), Carroll A. Wise’s *Pastoral Counseling* (1951), and Wayne Oates’ *The Christian Pastor* (1951). These categories are important not only because they illustrate some of the effects of modern psychology on modern pastoral counseling, but also because they shape the later pastoral discourse around sex and homosexuality.

Hiltner’s book, *Religion and Health* (1943), includes his earliest extended discussion of pastoral counseling. The book devotes an entire chapter to the subject. Susan E. Myers-Shirk suggests that “[w]hile this was probably not the very first use of the term ‘pastoral counseling,’ it did mark the point from which the term came into common use.”⁷³ Hiltner wrote the book while he was a participant in the New York Psychology Group (1941-1945). The group was devoted to exploring “the interrelation of

⁷³ Susan E. Myers-Shirk, *Helping the Good Shepherd: Pastoral Counselors in a Psychotherapeutic Culture 1925-1975* (Baltimore: The Johns Hopkins University Press, 2009), 99.

Religion and Health by providing a forum for intellectual exchange and fellowship.”⁷⁴

Hiltner and David E. Roberts attended the New York Psychology Group Meetings alongside notable regular meeting attendees including anthropologist Ruth Benedict, psychologist Carl Rogers, theologian Paul Tillich, and several people who later wrote about pastoral counseling and sex such as psychologist Harry Bone and psychiatrist Gotthard Booth.

Hiltner suggests that while “in some form [pastoral counseling] has been a real concern of the church from the days of the New Testament,” modern pastoral counseling is “rather new.”⁷⁵ Insistent that pastoral counseling should not be “giving advice” or “‘telling’ people either what to do or what they have not already done,” Hiltner characterizes pastoral counseling as follows:

Pastoral counseling is the endeavor by the minister to help people through mutual discussion of the issues involved in a difficult life situation, leading toward a better understanding of the choices involved, and toward the power of making a self-chosen decision which will be as closely bound up to religious reality as the people are capable of under the circumstances.⁷⁶

This notion of what Hiltner later calls, “help[ing] people to help themselves,” became a prominent trope in the pastoral counseling literature.⁷⁷ It reflects the influence of American psychologist Carl Rogers, German social psychologist Erich Fromm, and German psychoanalyst Karen Horney.

⁷⁴ Allison Stokes, *Ministry After Freud* (New York: The Pilgrim Press, 1985), 113.

For more on the New York Psychology Group, see Chapter 6, “Seward Hiltner, Paul Tillich, and the New York Psychology Group,” in Allison Stokes, *Ministry After Freud* (New York: The Pilgrim Press, 1985), 109-142, and Chapter 4 “The Psychology of Faith and Love: The New York Psychology Group, 1941-1943,” in Terry D. Cooper, *Paul Tillich and Psychology: Historic and Contemporary Explorations in Theology, Psychotherapy, and Ethics* (Mercer University Press, 2006), 99-146.

⁷⁵ Hiltner, *Religion and Health*, 171.

⁷⁶ *Ibid.*, 167.

⁷⁷ The phrase, “*How every pastor can help people to help themselves*,” is the subtitle to Hiltner’s *Pastoral Counseling* (1949).

Hiltner's *Pastoral Counseling: How Every Pastor Can Help People to Help Themselves* (1949) was one of the first major works entirely devoted to the subject of pastoral counseling. Holifield notes that by 1956, this text "was the most frequently used text in the pastoral care courses of American seminaries."⁷⁸ It was dedicated to four of Hiltner's "teachers of pastoral counseling," Donald C. Beatty, Anton T. Boisen, Charles T. Holman, and Carroll A. Wise. The book was written as "an introductory survey" that is divided into three parts—principles of pastoral counseling, preparation for pastoral counseling, and resources for pastoral counseling.⁷⁹ In the opening pages, Hiltner emphasizes the importance of the pedagogical value of "concrete material" such as interview reports and specific case histories.⁸⁰ Hiltner's use of "representative *fictitious* situations," however indicates that the practice of chronicling what Boisen called "living human documents" and what Russell Dicks later called "the living record" was relatively new.⁸¹

Like much of the earlier pastoral literature on religion, health, and medicine, Hiltner's *Pastoral Counseling* is framed with the significance of mental and emotional factors in disease:

In the first place, all these 'sicknesses,' temporary or permanent, have psychological or spiritual aspects. Indeed, modern medical science has discovered that, directly or indirectly, even many physical disorders are caused at least in part by sick attitudes and sick emotions. If people are sick not only because of germs

⁷⁸ Holifield, *A History of Pastoral Care in America*, 300.

⁷⁹ Seward Hiltner, *Pastoral Counseling: How Every Pastor Can Help People to Help Themselves* (Nashville: Abingdon, 1949), 7.

⁸⁰ *Ibid.*

⁸¹ See for example, Anton T. Boisen, *The Exploration of the Inner World: A Study of Mental Disorder and Religious Experience* (Philadelphia: University of Pennsylvania Press, 1936), 248-249. Dicks, *Pastoral Work and Personal Counseling*, 12. Hiltner writes, "The fictitious interviews have been introduced because there does not yet exist, at least in my report file, sufficient material to cover all the points I wanted to make." Hiltner, *Pastoral Counseling*, 7, my emphasis.

and falls but also because of short circuits in the emotional hookup, then the pastor, as representative of an army of salvation in the realm of the spirit, has to become interested.⁸²

Hiltner refers to the pastor as kind of “general practitioner” who has a special field, but who “always [needs] to deal with the people.”⁸³ He characterizes pastoral counseling as “the attempt by a pastor to help people help themselves through the process of gaining understanding of their inner conflicts.”⁸⁴ Hiltner describes pastoral counseling as an “emotional re-education” the aim of which is “new insight, with proof in action.”⁸⁵ Its purpose is “the attempt by a pastor to help people help themselves through the process of gaining understanding of their inner conflicts.”⁸⁶

“Soul” and “Personality”

The rhetoric of Hiltner’s *Pastoral Counseling* (1949) differs from Charles T. Holman’s 1932 text, *The Cure of Souls: A Socio-Psychological Approach*. Holman maintains a commitment to the use of “soul” and to the “cure of souls,” both of which are used much less frequently in the literature on pastoral counseling between 1949 and 1951. Holman’s first chapter opens with the following words, “It is useless to talk about ‘the cure of souls’ if there are no souls to cure. This discussion assumes that there are souls, and that they are sometimes sick, hurt, wounded.”⁸⁷ Holman reconceives the theological term in light of modern psychological and social sciences, and in doing so he

⁸² Hiltner, *Pastoral Counseling*, 17.

⁸³ *Ibid.*, 19, 16.

⁸⁴ *Ibid.*, 19.

⁸⁵ *Ibid.*, 19, 95.

⁸⁶ *Ibid.*, 19.

⁸⁷ Charles T. Holman, *The Cure of Souls: A Socio-Psychological Approach* (Chicago: The University of Chicago Press, 1932), 1.

equates “soul” with “personality.” He characterizes the “sick soul” as a “maladjusted personality” and the “healthy soul” as a “unified personality.”⁸⁸

The key difference in Hiltner’s text is conveyed in his use of the curious phrase, the “cure of personality troubles.”⁸⁹ Hiltner defines the psychology that he discusses as “the kind of psychology that has something obviously to do with personality as we view it in light of the pastor’s counseling concern.”⁹⁰ Hiltner’s description of “assumptions about human nature” at play in “attempts by one person to help another solve particular problems of living” is a striking place to consider his negotiation of the psychological term, “personality,” in a Christian framework.⁹¹ He describes several views of counseling in the United States, many of which are informed by cultural anthropology and the notion that personality is shaped by social factors. He suggests that what he calls the social-adjustment view, the inner-release view, and the objective-ethical view are each insufficient on their own.⁹² He introduces the Christian-theological view:

It is plain to the pastor that there is in Christian theology an undergirding for what has been stated above. The pastor does not believe merely that there is something of an ethical character which conditions man’s life; he believes God has made this and supports it. When he sees positive potentialities emerging from a hitherto confused and divided personality, he identifies their source as the operation of the Holy Spirit or of Divine Grace.⁹³

In appropriating “personality,” Hiltner makes clear that he is pulling a psychological term into an explicitly Christian theological framework. Interestingly, he uses the term “soul” shortly hereafter, but in a very different way: “There may be truth in the aphorism about the feast of the soul being more basic than the feast of the belly, but it must have been

⁸⁸ Ibid., 73, 292.

⁸⁹ Hiltner, *Pastoral Counseling*, 64, 56.

⁹⁰ Ibid., 56-57.

⁹¹ Ibid., 26.

⁹² Ibid., 26-31.

⁹³ Ibid., 31-32.

said after a good dinner. It is quite true, provided one is not being gnawed by hunger.”⁹⁴

Holman equates “soul” and “personality,” and in so doing draws the theological term into a psychological framework. Hiltner, by contrast, does the reverse. “Personality” is the only term of the two that Hiltner uses in a descriptive sense.

Carroll Wise’s *Pastoral Counseling: Its Theory and Practice* (1951) also centers on the term “personality.” Wise suggests that the “scientific study of personality” has given rise to “certain broad principles which are generally accepted and which offer the counselor a basis for developing helpful methods.”⁹⁵ He explains that the “goal of the Christian counselor is the maturity of personality in the fullest measure possible for each person.”⁹⁶ Wise establishes a parallel between the modern psychological meaning of “personality” and the notion of the unity of the organism in early Christianity. With echoes of Anton Boisen’s earlier work, Wise defines personality as “the expression of life of the total organism in its relation to its total environment, particularly in relation to other persons.”⁹⁷ He develops this idea further:

The idea of the organism-as-a-whole has gained wide acceptance in various sciences in recent decades. It recognizes a totality which includes, but is more than the sum of the parts... When a part is controlling the whole, whether that part is physiological, psychological or environmental, then the organism is ill.⁹⁸

For Wise, “distortions of personality” are the result of experiences within this “total life process.”⁹⁹ “Integration,” by contrast, “is a condition where the various parts of the

⁹⁴ Ibid., 32.

⁹⁵ Carroll A. Wise, *Pastoral Counseling: Its Theory and Practice* (New York: Harper & Brothers, 1951), 18.

⁹⁶ Ibid., 191.

⁹⁷ Ibid., 38.

⁹⁸ Ibid., 19.

⁹⁹ Ibid., 65.

personality are contributing their particular function in relation to the whole person.”¹⁰⁰

Wise explains that this is an ancient Greek “concept of the organism” and that St. Paul “drew a parallel from it to interpret the church as the body of Christ.”¹⁰¹

The key question for Wise in giving a “religious interpretation of the healing forces in persons” is, “How does God work in personality?”¹⁰² Whereas Hiltner provides an answer by situating his understanding of human personality in a theological framework in which “the Holy Spirit or... Divine Grace” is understood as the source of the “positive potentialities” that emerge from a “confused and divided personality,” Wise leaves his readers with a question.¹⁰³ “The question,” he writes, “as to how God works in personality must be answered by every person for himself.”¹⁰⁴ The key feature that both Hiltner and Wise share, however, is that the psychological term “personality” is at the center of their work on pastoral counseling rather than the theological term “soul.”

“Growth” and “Development”

Hiltner argues, in an article in 1951, that the most significant feature that “distinguishes [the] current viewpoint in pastoral counseling from nearly the whole body of historical belief and practice of soul guidance” is what he calls the “developmental notion of persons.”¹⁰⁵ The notion that persons “develop” over time was tethered to the idea that the personality is shaped and influenced by social, personal, familial, and environmental factors. This raised questions about the pastoral role in facilitating “healthy” development and in surpassing “fixations.” The notion of development was

¹⁰⁰ Ibid., 29.

¹⁰¹ Ibid., 19.

¹⁰² Ibid., 36.

¹⁰³ Hiltner, *Pastoral Counseling*, 32.

¹⁰⁴ Wise, *Pastoral Counseling*, 37.

¹⁰⁵ Seward Hiltner, “The Literature of Pastoral Counseling—Past, Present, and Future,” *Pastoral Psychology*, 2, no. 5 (June 1951): 21.

used alongside the term “growth,” which unlike development has a history as both a psychological term and as a moral term.

“Growth” plays a significant role in Richard Cabot and Russell Dicks’ *The Art of Ministering to the Sick* (1936). The opening chapter outlines “three aims which call the minister to the sickroom.”¹⁰⁶ The most notable is the aim “to care for the growth of souls.”¹⁰⁷ The term “growth” has a particular meaning here that Cabot developed in more detail in *The Meaning of Right and Wrong* (1933).¹⁰⁸ “Growth” refers neither to “simple enlargement” nor to “simple change.”¹⁰⁹ Cabot and Dicks define growth as “the production of novelty within the range of a purpose without dominant self-destruction.”¹¹⁰ Notably, they characterize “growth” in explicitly moral terms:

Men refuse to grow because they are defending themselves in some little citadel of habit and comfort, which they fear would be broken up if they absorbed the teaching which God gives us through reality. A mixture of laziness and self-deceit, then, is the essence of evil in the moral sense. Growth as we here use it connotes all that is morally good and all that is morally good must appear as growth.¹¹¹

The pastoral counseling literature between 1949 and 1951 uses “growth” alongside “development,” but it drops the explicit moral connotations present in Cabot and Dicks’ earlier work.

Dicks writes in *Pastoral Work and Personal Counseling* (1944, revised 1949) that a “basic principle in pastoral work is the recognition that life is a shifting, developing,

¹⁰⁶ Cabot and Dicks, *The Art of Ministering to the Sick*, 3.

¹⁰⁷ Ibid. They write further, “the minister’s opportunity in sickness is to devote himself to the growth of souls at a time when pain, sorrow, frustration and surprise, bring experiences that invite a new start in life” (19).

¹⁰⁸ See Richard C. Cabot, *The Meaning of Right and Wrong* (New York: Macmillan Company, 1933), especially chapters 5 and 6. For a discussion of the theological connections to this imagery of growth and stability, see Holifield, *A History of Pastoral Care in America*, 237-8.

¹⁰⁹ Cabot and Dicks, *The Art of Ministering to the Sick*, 377, original emphasis removed.

¹¹⁰ Ibid., 378, original emphasis removed.

¹¹¹ Ibid.

regressing, growing experience.”¹¹² Wise expresses a similar notion. He hesitates to offer a definition of “counseling” that would give the erroneous impression of some “ultimate truth in any dogmatic sense.”¹¹³ He explains rather that he has attempted “to formulate a process through which people have been helped to grow, to meet and solve problems, and to achieve mature religious lives.”¹¹⁴ This “capacity of growth” is an “aspect of personality of great importance to the counselor.”¹¹⁵ Wise suggests that the “goal of the Christian counselor is the *maturity* of personality in the fullest measure possible for each person.”¹¹⁶

Both Hiltner and David E. Roberts trace stages in the “process of development” and they discuss the possibility of fixation.¹¹⁷ The notion that individuals develop under particular social and psychological circumstances was central in many understandings of the formation of human persons in the pastoral counseling literature. While different stages of development threatened to become “fixed,” “growth” connotes motion, progress, and forward momentum. While the use of “growth” in the pastoral counseling literature is disconnected from the explicit moral accountability undergirding Cabot and Dicks’ use of the term, this later literature maintains the sense that “growth” is good and desirable, and it is often characterized as the process of overcoming conditions like delinquency and homosexuality. The shifting terrain surrounding the term was connected to a shift in the attitude or disposition of the counselor.

¹¹² Dicks, *Pastoral Work and Personal Counseling*, 16.

¹¹³ Wise, *Pastoral Counseling*, 4.

¹¹⁴ *Ibid.*

¹¹⁵ *Ibid.*, 27.

¹¹⁶ *Ibid.*, 191, my emphasis. He writes further, “the solutions toward which we are working in counseling are not primarily in terms of ideas, but rather in terms of the growth of persons” (132-133).

¹¹⁷ David E. Roberts, *Psychotherapy and a Christian View of Man* (New York: Charles Scribner’s Sons, 1950), 102. Hiltner, *Pastoral Counseling*, 76-77.

“Moral Condemnation” and the “Therapeutic Attitude”

Many authors shared the view that moral condemnation, harsh criticism, and judgment were, quite simply, unhelpful. Far more therapeutically efficacious is what William Graham Cole called the “therapeutic attitude.”¹¹⁸ In a different idiom, Hiltner writes that “[c]ounseling involves clarification on ethical issues, but not coercion.”¹¹⁹

David E. Roberts similarly stresses the therapeutic need to refrain from condemnation:

Condemnatory attitudes are abandoned because clinical experience has demonstrated that they interfere with working intelligently and effectively toward the fulfillment of this purpose. In other words, the seemingly immoral or ethically neutral attitude has become central in the task of mental healing, not because the therapist does not care about how people live, but precisely because he is seriously concerned with enhancing personal integrity and emotional maturity.¹²⁰

Roberts notably bases this argument in clinical experience rather than in theological texts.

He tethers this “ethically neutral attitude” to the possibility of facilitating an individual’s transformation. He explains that a “constructive transformation is not brought about merely by driving home upon either an individual or a nation an acknowledgement of moral inferiority and its consequences.”¹²¹ Wise writes similarly in a section on

“character disorders” in *Religion in Illness and Health*:

In general it may be said that character disorders are the result of the individual’s failure to deal with the painful realities of experience in ways that make for growth and adaption to the social group... On the whole, society condemns him for being different, when it should accept a part of the responsibility for his failure. *He is in need of cure, not condemnation or punishment.*¹²²

¹¹⁸ William Graham Cole, *Sex in Christianity and Psychoanalysis* (New York: Oxford University Press, 1955), 303, 304.

¹¹⁹ Hiltner, *Pastoral Counseling*, 22.

¹²⁰ Roberts, *Psychotherapy and a Christian View of Man*, 40.

¹²¹ *Ibid.*, 130.

¹²² Wise, *Religion in Illness and Health*, 60-61, my emphasis.

Wise stresses the importance of understanding the issue in the context of failed or improper socialization. His use of the rhetoric of “cure” against “condemnation” is prominent in the pastoral writing about homosexuality in the 1960s.¹²³

On some accounts, this shift in the counselor’s disposition entailed a translation of the issue at hand. This is illustrated in William Graham Cole’s slightly later work, *Sex in Christianity and Psychoanalysis* (1955). Cole explains that with the “sexual deviant,” a term borrowed from the first edition of the *Diagnostic and Statistical Manual of Mental Disorders*, “moral condemnation or legal prohibition will accomplish nothing.”¹²⁴ More effective is the “recognition that his behavior is only a symptom of his estrangement.”¹²⁵ Cole explains that “[a]n awareness that what is out of joint is his total orientation and not simply his overt sexual behavior will give rise to a therapeutic attitude toward him, a desire to help him achieve the kind of inner integrity which will make his aberrant sexual patterns no longer necessary.”¹²⁶ Rather than interpreting the behavior as something that is in principle morally wrong, Cole asks his reader to translate it into the clinical psychological language of a “symptom” of an “inability” to foster desirable interpersonal relationships. He states that the “root of the problem” is “in the core of the personality.”¹²⁷ Rather than focusing exclusively on “external behavior, demanding rigid conformity to a given norm,” Cole stresses the importance of considering “inner motivation.”¹²⁸ In contrast to “moralism,” the “ethics of love” sees “all behavior as

¹²³ See for example, E. Mark Stern, “Understanding the Homosexual,” *Journal of Pastoral Counseling* 11, no. 1 (Spring 1967): 24-33, and Morton T. Kelsey, “The Church and the Homosexual,” *Journal of Religion and Health*, 7, no. 1 (January 1968): 61-78.

¹²⁴ Cole, *Sex in Christianity and Psychoanalysis*, 303.

¹²⁵ *Ibid.*

¹²⁶ *Ibid.*

¹²⁷ *Ibid.*

¹²⁸ *Ibid.*, 315.

symptomatic of *the personality as a whole* and centers its concern on inner transformation of attitude, rather than outer conformity of act.”¹²⁹ Whereas “[l]ove liberates the person from the bondage of his own anxiety and hostility,” Cole argues that “[m]oralism adds still more shackles.”¹³⁰ The language of bondage and freedom is significant in later pastoral writing on sex. For Cole, it is important to contextualize behavior within the context of the inner workings of an individual’s personality rather than assessing generalized acts and behaviors.

Authors like Hiltner, Dicks, and Oates conveyed a similar pastoral disposition through the use of the image of shepherding for pastoral care.¹³¹ Hiltner refers to counseling as “the shepherding aspect of [the pastor’s] work.”¹³² Dicks writes, “The pastor is a shepherd. A shepherd leads and directs, watches and waits, heals, rescues, supports, and protects.”¹³³ In a similar tone, Oates writes,

The Christian shepherd confronts many people who are suffering from deep inner conflicts over which they have no control. They stand in need of a minister who has psychological foundation and psychotherapeutic skill in his method as well as the healing power of God at his disposal.¹³⁴

Hiltner perhaps puts the sharpest point on the therapeutic techniques correlated with the shepherd image:

¹²⁹ Ibid., my emphasis.

¹³⁰ Ibid., my emphasis.

¹³¹ Dicks, *Pastoral Work and Personal Counseling*, vii; Wayne E. Oates, *The Christian Pastor* (Philadelphia: The Westminster Press, 1951), 7, 112; Hiltner develops the shepherd motif a great length in Seward Hiltner, *The Christian Shepherd: Some Aspects of Pastoral Care* (New York and Nashville: Abingdon Press, 1959). The shepherd image is key in Michel Foucault’s characterization of Christian pastoral power. See for example, Michel Foucault, “Sexuality and Power [1978],” in *Religion and Culture: Michel Foucault*, ed. Jeremy R. Carrette (New York: Routledge, 1999), 121-123; and Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France 1977-1978*, ed. Michel Senellart, trans. Graham Burchell (New York: Palgrave, 2007), 123-130.

¹³² Hiltner, *Pastoral Counseling*, 33.

¹³³ Dicks, *Pastoral Work and Personal Counseling*, viii.

¹³⁴ Oates, *The Christian Pastor*, 112.

Protestants do not use compulsion to get the sheep to submit to a periodic inventory by the shepherds, and most sheep forget that the Reformation did not abolish the inventory but merely took the compulsion out of it.¹³⁵

The shepherd image is notable because it is not a psychological term but rather an ancient Christian trope that is used to convey the sense of gentle redirecting rather than condemnation, coercion, and compulsion.

“Sin” and “Neurosis”

Alongside the shift away from evaluating behaviors and individuals in explicitly moral terms was a shift around the language of “sin.” Perhaps because of its moral connotations, many pastors were cautious with the use and meaning of the term. Notably, several authors established a correlation between sin and neurosis. David Roberts argues, for example, that at “certain points there is a remarkable parallel between the Pauline-Augustinian conception of original sin and the psycho-analytic conception of neurosis.”¹³⁶

The correlation between sin and neurosis hinges on the notions of alienation and estrangement. Both Hiltner and Roberts refer to sin as “alienation from God”—a key notion in the existentially inflected theology of Paul Tillich.¹³⁷ But alienation is also significant in, for example, psychoanalyst Karen Horney’s definition of neurosis. Horney

¹³⁵ Hiltner, *Pastoral Counseling*, 19.

¹³⁶ Roberts, *Psychotherapy and a Christian View of Man*, 104.

¹³⁷ Hiltner, *Pastoral Counseling*, 17. Roberts, *Psychotherapy and a Christian View of Man*, 110. For Paul Tillich’s writing on the relationship between sin and alienation or estrangement, see especially “The Marks of Man’s Estrangement and the Concept of Sin,” *Systematic Theology, Volume II: Existence and The Christ* (Chicago: The University of Chicago Press, 1957), 44-59. Tillich writes in an essay entitled, “Existential Analysis and Religious Symbols,” for example: “The traditional term for man’s status of estrangement is ‘sin,’ a term whose meaning has undergone more distortions and has consequently been the object of more protest than almost any other religious notion. Sin, in the light of existential analysis, is man’s estrangement from his essential being, an estrangement which is both tragic necessity and personal guilt.” Paul Tillich, “Existential Analysis and Religious Symbols” (1956), in *Theological Writings*, ed. Gert Hummel (New York and Berlin: De Gruyter, 1992), 394.

writes in *Neurosis and Human Growth* (1950), “Alienation is the loss of the feeling of being an active determining force in his [the neurotic’s] own life.”¹³⁸ If Tillich’s theological account of sin can be rendered as alienation from the ground of being or the divine, Horney’s psychoanalytic account of neurosis might be rendered as alienation from the self. Neurosis is characterized as a loss of autonomy or agency. This bears an important resemblance to the classic theological trope of sin as the bondage of the will.

Authors correlated sin and neurosis in different ways. Roberts maintains a distinction between sin and the psychological category: “Strictly speaking, sin is alienation from God and is therefore not a merely psychological category. Nevertheless, psychology can be used to advantage in attempting to reach a sound doctrine of sin, relieved of harmful encumbrances.”¹³⁹ Dicks suggests that many issues could be analyzed from both a theological and a psychological perspective, and that both perspectives are important for assessing the matter at hand. He writes, for example, “From the standpoint of theology a lie is a sin; from the standpoint of psychology it may be key to an underlying problem which may become serious unless understood and dealt with.”¹⁴⁰ Cole, in contrast to both Roberts and Dicks, uses “sin” and “neurosis” interchangeably: “The two terms have been used more or less synonymously in the preceding pages, regarding them both as rooted in anxiety. Sexual perversions and deviations have been described as reparative patterns of behavior, to be approached therapeutically and redemptively.”¹⁴¹ In all of these accounts, matters that require counseling are not entirely

¹³⁸ Quoted in Joseph W. Vollmerhausen, “Alienation in the Light of Karen Horney’s Theory of Neurosis,” *The American Journal of Psychoanalysis*, vol. 21 no. 2 (1961): 144-155.

¹³⁹ Roberts, *Psychotherapy and a Christian View of Man*, 110.

¹⁴⁰ Dicks, *Pastoral Work and Personal Counseling*, 48.

¹⁴¹ Cole, *Sex in Christianity and Psychoanalysis*, 320.

disconnected from the language of sin. Rather, in establishing correlations between “sin” and “neurosis,” the moral-theological term is subsumed by the psychological term.

Transformations of the usages and meanings of “sin” become particularly important around sex and sex problems. Pastoral literature on homosexuality in the 1960s was sometimes framed with the question, “sin or sickness?”—a phrase which masks the issue of what “sin” has become. Correlations established between “sin” and “neurosis” beg the question of the extent to which “sin,” like “neurosis,” is configured as a treatable or soluble problem. The pastoral literature reflects an impetus to disconnect both “sin” and “homosexuality” from explicitly moral language through the use of psychological and psychiatric discourse. But in effect, this shift does not simply exorcise the weight of the moral histories of these terms, but perhaps reflects different techniques of instilling moral values.¹⁴² The appropriation of these psychological categories and therapeutic dispositions later decisively shaped pastoral discourse on sex. This early pastoral counseling literature reflects intimations of the growing pastoral interest in sex and it reflects assumptions about the role of medical authority in understanding and treating sex problems.

Sex Problems are Medical Problems

The early pastoral counseling literature and the earlier works on religion, medicine, and health reflect different positions on the pastoral role in navigating sexual matters. However, both reflect an incipient pastoral interest in sex, and the emerging

¹⁴² Roberts notably maintains explicit moral connotations. He writes: “[E]very neurosis is a moral problem in the sense that it impairs the individual’s happiness and robs society of the benefits which should flow from a creative use of his resources. Therapy has a moral purpose because it rests on the assumption that internal harmony and a capacity for personal growth and responsibility are better than emotional conflict, anxiety and self-enslavement.” Roberts, *Psychotherapy and a Christian View of Man*, 40.

construction of sexual matters as soluble “problems.” Only scant references are made in the literature on religion, medicine, and health. In fact Hiltner makes just one reference to sex in *Religion and Health*, and it is to pass a “sex problem” off as something that is precisely *not* a pastoral problem. Wise writes extensively about the “sex problems” in the hospital case of a woman he calls Mary Jones in *Religion in Illness and Health*. But for Wise, a chaplain in a psychiatric hospital, the “sex problems” are only relevant insofar as they might have contributed to Mary’s psychosis. While the pastoral counseling literature between 1949 and 1951 largely characterizes sex problems as medical problems, this burgeoning attention illuminates a shift towards the construction of sex problems as pastoral problems. Many fleeting references in the early literature constitute homosexuality as a problem alongside, for example, delinquency and alcoholism. As the pastoral speech about homosexuality proliferates alongside the pastoral discourse on sex, sex problems, and sexual development, homosexuality is problematized as a stage in (heterosexual) psychosexual development that can become arrested rather than as a form of delinquency.

Sex Conflicts and “Mental Problems”

Carroll Wise suggests that the “precipitating factor” in the psychosis of Mary Jones was a “conflict over sex.”¹⁴³ Yet the case is initially a pastoral concern not because of the sex conflict but because the illness that brought her to the hospital “was expressed largely in religious forms.”¹⁴⁴ Wise’s analysis hinges on the notions of growth and adjustment. He suggests that the “fundamental problem of this girl was similar to that of

¹⁴³ Wise, *Religion in Illness and Health*, 111-112.

¹⁴⁴ *Ibid.*, 103. He adds, “The call to religious work is a frequent idea in persons at the early stages of this kind of mental illness, though it should be added that is not always symptomatic of such an illness.” (112)

every human being—the adjustment of her life to an environment, both internal and external, which gave her many painful conflicts and frustrations.”¹⁴⁵ He explains that Mary’s “view of sex and her use of religion are reflections of her failure to grow,” and that the “sex conflict was too much for her unstable, immature personality, and an illness was the only solution she could find.”¹⁴⁶ The case of Mary Jones illustrates the book’s “fundamental thesis” that “illness and health are the products of the functioning of the individual *as a whole* within [her] total environment.”¹⁴⁷

Mary had been intently reading John Bunyan’s *The Pilgrim’s Progress* (1678) several weeks before she was admitted to the hospital. She identified herself with the main character. Nervous, melancholic, and irritable, Wise explains that “she became excited and talked a great deal on religious subjects” and that she “came to believe that her physical body was gone, that only the spirit remained.”¹⁴⁸ Wise considers different sources of Mary’s sex problems including a medical operation that Mary underwent “to relieve severe pain which had accompanied her menstrual periods since their onset at the age of twelve.”¹⁴⁹ Wise suggests that this “operation made her very conscious of her sexual organs and desires,” and that it “brought an unusually strong reaction in terms of a new consciousness of sex for which she was totally unprepared emotionally.”¹⁵⁰ He writes further that Mary “had never been instructed along sexual lines, and her attitudes

¹⁴⁵ Ibid., 113.

¹⁴⁶ Ibid., 112. Wise writes further on growth, “The essence of growth is the necessity and willingness to give up something in order to attain something higher” (149).

¹⁴⁷ Ibid., 249, my emphasis. Wise writes further, “the creative solution of a sex conflict cannot be made in terms of sex only, but in terms of the person as a whole” (121).

¹⁴⁸ Ibid., 104, 103.

¹⁴⁹ Ibid., 103.

¹⁵⁰ Ibid., 110-111.

toward sex were such to create a strong sense of guilt in her mind.”¹⁵¹ In Wise’s view, Mary’s conflict was “intensified” by her experience falling in love with a young man when “[h]er illusions were rudely shattered by his attempt to persuade her to engage in petting parties.”¹⁵² Mary “frankly confessed [in her diary] a strong physical desire, but also repudiated this as sinful.”¹⁵³

Wise suggests that Mary experienced both “powerful instinctive urges of a childish nature” and “a severe conscience which sought the renunciation of these urges.”¹⁵⁴ He records her written prayers and lamentations, and attends carefully to shifts in the tone or sentiment expressed in her writing. She writes the following about her struggle in her diary:

The spiritual and the sensual in a sensitive passionate nature combat in warfare. A strong ardent passion, suddenly aroused, becomes like a fiery demon, the desire of the flesh and body arises; the soul in predominating spiritual nature aspires to high goals and the combat between soul and body begins.¹⁵⁵

Wise suggests that “the doubt that her desired lover would not meet her standards of love sent her thoughts madly over events.”¹⁵⁶ Perhaps imitating or mirroring her style, Wise writes:

The future loomed like a fathomless pool of mire, black and sinister, far into space and she was afraid of it, afraid of life, of love, if this was ‘love’... She was unable to find her way out of the labyrinth and to achieve a healthy way of life. Instead, she withdrew more and more from reality and sought a solution in the world of unreality, which found expression in religious forms.¹⁵⁷

¹⁵¹ Ibid., 103.

¹⁵² Ibid., 104.

¹⁵³ Ibid.

¹⁵⁴ Ibid., 113.

¹⁵⁵ Ibid., 104.

¹⁵⁶ Ibid., 106.

¹⁵⁷ Ibid., 104, 107.

The case of Mary Jones is notable for several reasons. The pastoral role in her treatment is tethered to the notion that her psychosis is expressed in “religious forms.” Yet Wise writes at length about her sex conflict. Wise’s analysis of this case bears resemblances to Anton Boisen’s work insofar as it both centers on the expression of psychosis in “religious forms” and it identifies sexual adjustment as the prominent precipitating factor in the genesis of mental illness.

In contrast to Wise, Hiltner writes very little about sex in his 1943 text, *Religion and Health*. One seemingly off-hand reference to sex occurs in the chapter on pastoral counseling. He narrates an “instructive story” that had recently been recounted to him, notably by a psychiatrist:

Two ministers had telephoned [the psychiatrist] some weeks previously. One said, ‘There’s a woman here in my office who has a mental problem—*something about sex, and of course I couldn’t help her on that*. Will you see her?’ The other said, ‘I’ve just had a talk with a woman who needs some help. I was careful not to give her false reassurance or to excite her, but I’m afraid I have neither time nor training to get into it in the way it should be done. Can you talk with her?’¹⁵⁸

Both ministers in the story understand sex to be a medical problem, and they both contact the psychiatrist. Hiltner’s concern in the passage is with the ministers’ tones, not with the fact that they hand the “problem” over to the psychiatrist. He discusses the story: “In the first case the minister did not care, because his province was ‘religion’ and this was not a ‘religious’ problem. He was even a bit incensed that he should be consulted about a sex problem.”¹⁵⁹ Hiltner corrects the first minister’s attitude and disposition. But he does not address the possibility that the minister might have offered counsel on the “sex problem.”

Incipient Pastoral Problems

¹⁵⁸ Hiltner, *Religion and Health*, 175, my emphasis.

¹⁵⁹ *Ibid.*, 175-6.

David Roberts' *Psychotherapy and a Christian View of Man* (1950) illustrates growing concern with traditional approaches to sex. In a passage that Hiltner later quotes in *Pastoral Psychology*'s special issue on "Sex and Church," Roberts argues, "[I]n the history of theology specific discussions of sex have fallen prevailingly under the topic 'sin' and have received scant positive attention under the topic 'salvation.'"¹⁶⁰ Roberts draws attention to the issue of sexual development and the impact of the approach that parents take to such matters.¹⁶¹ In Roberts' view, parents should try to set in place "health attitudes" towards the body so that a child can best ward off attacks on sexual curiosity:

An especially baffling problem is posed by the fact that even when parents are intelligent about such matters they cannot safeguard the child from adverse surrounding influences. However, if he has been allowed to take a healthy attitude toward his own body, it may 'roll off his back' when an old maid of either sex calls him 'dirty' for manifesting the curiosities that are normal in growing children. At least his chances are much better than those of a child who grows up in a family where silence, embarrassment or severity surround the subject.¹⁶²

Roberts also anchors "patterns of family affection" to sexual satisfaction in marriage. He writes, "Insofar as a woman, for whatever reason, has not found an adequate sexual relationship with her husband, her children are sure to suffer. For this relationship is the indispensable basis for a normal development of all the other patterns of family

¹⁶⁰ Roberts, *Psychotherapy and a Christian View of Man*, 136. He writes further: "Despite its acceptance of the goodness of creation, Christian theology has frequently allowed the doctrine of sin virtually to obliterate the first affirmation. The result is that one scolds himself, not merely for ego-centricity, but for being a self; he condemns not merely sexual excess, but sexuality itself; he feels guilty, not merely for grasping at power unduly, but for asserting and maintaining his own existence at all" (91).

¹⁶¹ He writes, "A large proportion of the self-rejection which takes place in the growing child is centered around his biological equipment in general and his sexual equipment in particular. Stupid handling of toilet training and of sexual curiosity is disastrous because repudiation of the body injures one's capacity for deep feeling, for affection, and for a sense of organic relatedness with nature and with other human beings." *Ibid.*, 21.

¹⁶² *Ibid.*

affection.”¹⁶³ This emphasis on the importance of sex for marital harmony is a key motif in the pastoral literature on sex in the early 1950s.

Russell Dicks also emphasizes the importance of sex for successful marriages. But in Dicks’ writing in the 1940s, the pastoral role in counseling couples about sex in marriage is largely to refer them to a physician.¹⁶⁴ Later, Dicks wrote the introduction to a medical guidebook on sex in marriage (1952), and he became a member of the Advisory Committee for Duke Psychologist Gelolo McHugh’s *Sex Knowledge Inventory* (1950).¹⁶⁵ By contrast, in *Pastoral Work and Personal Counseling* (1944, revised 1949), Dicks writes much less about sex. However, the few discussions included in the book suggest that sex is an emerging pastoral interest. This text is notable because while it suggests that sex counsel is largely a medical problem, it also offers techniques for pastors counseling people about sex. He formulates a series of questions for a pastor counseling a married couple that include, “Are your marital relations satisfying?” “What did you know about sex when you were married?” and, “If your marital relations are unsatisfactory, have you ever consulted a physician?”¹⁶⁶ Dicks also advises readers to consider sex problems at the root of issues that are not obviously connected to sex. In a chapter on “the people who come to the pastor,” Dicks considers an example of a woman

¹⁶³ Ibid., 22.

¹⁶⁴ He writes further, “Ideally the pastor should discuss the emotional and spiritual forces which go to make up a successful marriage and refer the couple to a physician for information upon family planning and the art of sexual happiness.” Dicks, *Pastoral Work and Personal Counseling*, 118.

¹⁶⁵ Russell L. Dicks, “Introduction,” *Sex After Forty* by S. A. Lewin and John Gilmore (New York: Medical Research Press, 1952), Gelolo McHugh, *Sex Knowledge Inventory* (Durham: Family Life Publications, Inc., 1950). Even in the earlier work, *Pastoral Work and Personal Counseling*, Dicks gestures at the pastoral distribution of literature about sex in marriage including Butterfield’s *Marriage and Sexual Harmony* and Wood’s *Harmony in Marriage*. Dicks, *Pastoral Work and Personal Counseling*, 118.

¹⁶⁶ Dicks, *Pastoral Work and Personal Counseling*, 122.

who is concerned because her husband is drinking.¹⁶⁷ Though not ostensibly a sex problem, Dicks suggests that “it is well to inquire into the nature of [the couple’s] sexual adjustment.”¹⁶⁸ He reminds his readers of the medical authority over sex problems and writes, “if [their sexual adjustment] is unsatisfactory then referral to a physician for examination and sex counsel is in order.”¹⁶⁹

While Dicks seeks to convince his readers that sex problems are important but that they should be treated as medical problems, Hiltner’s early text on pastoral counseling assumes his readers hold this view and begins gesturing towards the notion that treating an individual as a whole implies that nothing, including sexual matters, should be cordoned off as an isolated issue:

[Patients] may tend to come to [the psychiatrist]... if they have physical symptoms for which they think the problem is sexual and they believe the psychiatrist is an expert on sex. The psychiatrist, like every other good counselor, must be sensitive to the needs and patterns of the personality as a whole, not merely to those areas in which he has expert knowledge. But if there is, for example, a sex problem involving the attitudes and emotions of the patient, the psychiatrist will not conclude that this is merely a ‘sex problem’ and deal with it as if sex were something apart from the whole personality. Instead he will realize that the sex problem is one aspect of a total personality problem. He will also realize it is his avenue of access to the total person.¹⁷⁰

Hiltner’s text conveys a dawning sense that because “sex problems,” like other problems, are connected to a wider array of emotional factors, there may be overlap between medical and pastoral domains of treatment. He suggests that therapists “are not usurping the pastor’s focus or function in [dealing with problems of human destiny] any more than the pastor is usurping the psychiatrist’s focus or function by recognizing sex or hatred as

¹⁶⁷ Ibid., 135-136.

¹⁶⁸ Ibid., 136.

¹⁶⁹ Ibid., 136.

¹⁷⁰ Hiltner, *Pastoral Counseling*, 106.

among the facts of life.”¹⁷¹ Hiltner formulates the argument that sex problems are not completely outside the realm of pastoral problems even more sharply: “If religion touches all of life, then [the pastor] cannot assert that the presence of a sex or vocational or financial problem in a parishioner’s situation puts it categorically out of the field of his concern—solely on the ground that his field is religion.”¹⁷²

Both Hiltner and Wise offer examples that illuminate the emerging pastoral interest in sex problems. Hiltner’s early writings cast sex problems as a matter relevant for conceiving individuals as a whole. Wise’s early writings tether sex problems to other issues of pastoral concern such as guilt, growth, and personality.¹⁷³ For Wise, sex problems are pastoral problems by virtue of their role in larger problems of growth and personality. Wise offers an example of “girls” whose marriages were motivated by “[f]eelings of guilt over sexual behavior.”¹⁷⁴ He explains that these “[im]mature motives for marriage” are “evidences of a failure to grow and of a failure to work out wholesome

¹⁷¹ Ibid., 119.

¹⁷² Ibid., 120.

¹⁷³ He writes, for example: “There may be times when a person seeks the pastor’s help on a problem well within the range of the pastor’s responsibility, yet the pastor may suspect a relation between the problem and a physical complaint. For example, a person may consult the pastor in regard to feelings of guilt about sex, and incidentally complain of stomach distress. Here is where pastor and physician need to co-operate. The stomach distress may or may not be related to the sex guilt. The physician may or may not be sure at this point. Certainly the person needs his pastor’s help in getting release from his guilt. If in this process the physical symptoms disappear, the pastor needs to be careful about his interpretation. Such coincidence does not prove casual relations. The physician may have a basis for answering this question, but again he may not. It may have to be left as an open question. But the important thing is that a person has been helped.” Wise, *Pastoral Counseling*, 21. Wise assumes the pastor is responsible for treating the “sex guilt.” It is not clear from this passage, however, whether on Wise’s view the pastor is responsible for the guilt or for matters related to sex.

¹⁷⁴ Ibid., 172. He writes further: “Again the pastor needs to beware of trying to place the responsibility for the difficulties in this area. A wife, for example, may complain that her husband fails to satisfy her sexually, but when the facts are known it is evident that the woman is unable to respond to her husband because of emotional conflicts within herself” (187).

relationships.”¹⁷⁵ For Wise, the solution to marriage problems and the “ability to achieve a sexual adjustment which is satisfactory to each partner” is tethered to key psychological categories like “personality,” “growth,” “development.”¹⁷⁶ He writes:

The sexual aspects of marriage have been emphasized in most of our literature on marriage counseling. Observation seems to indicate that if the sexual adjustments are satisfactory to the people involved, sex takes its place as part of the total adjustment. If, on the other hand, the adjustments are not satisfactory to the persons involved, then feelings arising out of this difficulty tend to cloud the total marriage relationship.¹⁷⁷

Like Roberts and Dicks, Wise’s text reflects the growing pastoral interest in the importance of sexual relationships for successful marriages.

The scant references to homosexuality in the early works on pastoral counseling stand in contrast to the rapidly growing pastoral discourse on homosexuality in the early 1950s. In the later literature, homosexuality is often depicted as a stage in heterosexual development. “Homosexual interests,” “tendencies,” and “practices” are, for many authors, considered “normal,” so long as they occur at the right age and eventually give way to interest in the opposite sex. The few references in the early pastoral counseling literature characterize homosexuality as a delinquency of sorts—as a legal-moral problem that, for many authors, requires psychiatric expertise.

Wayne Oates offers an illustrative passage in his description of matters that might require the technique of “switching the initiative from the pastor to the person whom he is seeking to help.”¹⁷⁸ Oates considers this technique in the context of handling rumors in

¹⁷⁵ Ibid., 172.

¹⁷⁶ Wise, *Pastoral Counseling*, 185. He suggests that the solution often lies “in the growth of the personalities involved” (185).

¹⁷⁷ Ibid., 186.

¹⁷⁸ Oates, *The Christian Pastor*, 118.

the congregation of “moral offenses of a major proportion.”¹⁷⁹ “Sexual perversion” is offered as just such an offense. It is listed alongside “embezzlement,” “shady business dealings,” and “sexual promiscuity.”¹⁸⁰ Though Oates discusses “sexual perversion” and not “homosexuality,” this list illustrates the impetus to register sexual concerns alongside legal-moral matters rather than as constitutive components of sexual development.

Dicks and Wise both formulate notable characterizations of homosexuality in their early works on pastoral counseling. In both accounts, homosexuality is described as something that warrants referral to a psychiatrist, but not as a potential stage of sexual development. In a chapter on “the people who come to the pastor,” Dicks includes an illustrative passage:

The problem of homosexuality is another that will come to the pastor occasionally, so that he needs some understanding of it. Our society does not recognize that a third sex exists and we make no provision for such a fact in our thinking. Authorities, what few there are, differ upon the causes of homosexuality. They do agree, however, that the chances are slight of helping such a person to make a hetero-sexual adjustment. Such a person should be referred to a psychiatrist for counsel; if none is available in your community send him to a city where one is available. Do not waste time and run risks so far as your own reputation is concerned in dealing with something you know nothing about. There are no exceptions in dealing with this problem. *It is not the pastor's problem.*¹⁸¹

¹⁷⁹ Ibid., 119.

¹⁸⁰ Ibid.

¹⁸¹ Dicks, *Pastoral Work and Personal Counseling*, 136, my emphasis. Dicks writes further in a chapter on the minister and psychiatry: “The homosexual may or may not be emotionally sick. The minister will often come across him for he expects the clergyman to be more tolerant of him than are others. He is one who, for reasons that are beyond his control, regardless of their original onset, prefers members of his own sex for his sexual experience. These persons may or may not be disturbed by such feelings and they are often useful and creative persons. The pastor will do well not to break his heart in trying to change their desires. Such people should be advised to go to big cities rather than staying in small communities, where they inevitably get into trouble” (157-8).

Wise mentions “the homosexual” in a list of “certain persons with whom the pastor should be very cautious in proceeding in a counseling relationship.”¹⁸² He explains that this “group constitutes those who have a long history of repeated failures and who have learned nothing from their experience.”¹⁸³ The “group” draws together both “specific persons” and “problems,” including

the alcoholic, the homosexual or person afflicted with other sexual perversions (masturbation is not here considered a perversion), criminals, and many others whose activities never bring them into contact with the law, but who live irresponsible, unproductive lives, always meaning to do better but never getting around to it.¹⁸⁴

Like Dicks, Wise warns his readers against pastoral counseling with homosexuals. Like Oates, Wise characterizes homosexuality as a legal-moral problem. Wise clarifies that he is “not saying here that these persons cannot be helped” when “[c]ertainly some of them can be.”¹⁸⁵ But he warns his reader that “there are real difficulties involved,” and he makes clear that the “minister is well-advised not to attempt counseling with any who represent extreme forms of this reaction unless he had special training and is thus qualified.”¹⁸⁶ Wise is more cautious than Dicks in his evasion of the subject of the outcome of therapy. While Dicks explicitly identifies (and negates) the possibility of making a “hetero-sexual adjustment,” Wise is much more vague in his use of “help.” But both authors are clear, however, that homosexuality is not a matter for pastoral counseling. At least not right now.

Conclusion

¹⁸² Wise, *Pastoral Counseling*, 108.

¹⁸³ *Ibid.*, 110.

¹⁸⁴ *Ibid.*

¹⁸⁵ *Ibid.*

¹⁸⁶ *Ibid.*

Despite their early views, Hiltner, Wise, Dicks, Roberts, and Oates contributed to a growing body of pastoral literature on homosexuality over the next two decades. Editorials on sex written in the early 1950s indicate a struggle to justify sex as a topic of pastoral concern. Wise marks the dawning recognition of sex and “sex problems” as *pastoral* problems as such when he writes in 1952, “Let’s be honest about it, one can be a Christian and still have a sex problem.”¹⁸⁷ Many pastoral authors wrote about sex problems alongside a wide range of matters such as sexual development, sex and marriage, and historical and theological meanings of sex. They distributed medical instruction manuals on sexual anatomy and techniques of coitus. The pastoral distribution of this literature reflected a wider interest in sexual knowledge that was both medically sound and pastorally approved.

The questions and assumptions that shape conversations about pastoral counseling and homosexuality shift in significant ways between 1952 and 1969. Of the course of these years, Hiltner, Dicks, Wise, and others change their views on the function of pastoral counseling with homosexuals. The earliest gestures towards pastoral counseling with homosexuals in the 1940s address the general problem of reconstructing the personality, of making it whole. Many pastors in the early 1950s understood the therapeutic goal of counseling with homosexuals to be aimed at emotional distress, or as Hiltner describes it, at “emotional tangles.”¹⁸⁸ Later engagement with psychiatric

¹⁸⁷ Carroll A. Wise, “Pastoral Problems of Sex: The Answer to Problems of Sexual Behavior Is to Help People Work Out Their Fear, Guilt, and Hate, so that Their Capacity for Love Can Find Expression,” *Pastoral Psychology* 3, no. 26 (September 1952): 57.

¹⁸⁸ Seward Hiltner, “Sex—Sin or Salvation?: Sex, if we Understand Nature, Can Be a Vital Aspect of the Doctrine of Salvation,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952): 33.

“apostles of change”¹⁸⁹ like Edmund Bergler, Irving Bieber, Daniel Cappon, and at that time, Albert Ellis provoked many pastors to consider the possibility of making a heterosexual adjustment for individuals who harbor the elusive “will to change.”¹⁹⁰ If authors in the 1930s and the 1940s like Anton Boisen considered “homosexual tendencies” and “practices” to be prominent causes of mental disorder, the waves of interest in the psychiatric literature of the late 1950s and the 1960s raised the possibility that “homosexuality” *is itself* an illness of sorts.

Whether considered to be a matter of social or sexual adjustment, homosexuality is understood as something deeply intertwined with “personality development” across the pastoral literature on homosexuality written in the 1950s and the 1960s. But before there could be a discourse that tethered an assortment of “sex problems” to stunted emotional growth, there had to be a concept of a “personality” as something shaped by a complex interplay of social, environmental, and familial factors. This chapter has sought to articulate some of the pertinent background to these matters and to the theological quandaries that arose alongside them. The early medical, anthropological, and pastoral interest in psychosomatic relationships and in the role of emotional factors in disease drew attention to the possibility that pastoral practice was indeed therapeutic. The conceptions of illness, health, and healing that emerged out of this context together with the rhetoric of wholeness surrounding them indicated the need for a collaborative relationship between pastors and physicians. Just such a relationship decisively shaped the literature and counseling practices that addressed sex in the 1950s and the 1960s.

¹⁸⁹ Canon Clinton R. Jones, “The Pastoral Counselor and the Male Homosexual” (S.T.M. thesis, New York Theological Seminary, 1969), 77.

¹⁹⁰ Seward Hiltner, “The Consultation Clinic on Homosexuality,” *Pastoral Psychology* VI (September 1955): 47.

The influence of modern psychology places the pastoral counseling literature in an interesting position in the history of religious literature on the “care of the soul.” Many 20th century authors wrote narrative histories casting pastoral counseling as a contemporary iteration of an ancient practice. Yet Charles Kemp draws attention to something essential in his emphasis on a decisive *break* in the twentieth century. Hiltner perhaps more unwittingly draws attention to this discontinuity with that remarkable phrase, the “cure of personality troubles.”¹⁹¹ These are not the first pastoral uses of “personality.” Indeed, much of the pastoral literature written in the 1930s like Charles Holman’s *The Cure of Souls* (1932) and Karl Stolz’s *Pastoral Psychology* (1932) rely heavily on the term. The major works considered here written between 1949 and 1951 are significant because they show how a complex interplay of terms like “personality,” “development,” “growth,” “sin,” and “neurosis” set the stage that put “pastoral counseling” into wide usage. Not just “personality,” but a handful of terms, assumptions, and conceptions of the “therapeutic attitude” shape modern pastoral counseling literature and the very notion of the self that it addresses.

The twentieth century interest in “pastoral counseling” marks a notable moment in Christian history. The movement aimed to ground religious thought, discourse, and education in the concrete experience of the people that it sought to help, while teaching new languages for describing these experiences. The early literature shows an impetus to use “cases” alongside traditional or doctrinal texts. Hiltner’s use of “fictitious interviews” because actual records of actual interviews were scant indicates that pastoral projects of archiving what Russell Dicks called “the living record” for teaching purposes was rather

¹⁹¹ Hiltner, *Pastoral Counseling*, 64.

new.¹⁹² Participation in healing clinics from the Emmanuel Movement through Peale's "spiritual clinics" together with the clinical pastoral training movement indicate a desire to be grounded in the midst of the suffering that these pastors sought to alleviate. In some ways, the modern pastoral counseling movement is a classic depiction of 20th century liberal theology. Following major theological figures like Paul Tillich, Henry Nelson Wieman, and Harry Emerson Fosdick, prominent authors of the pastoral counseling literature thoughtfully engaged contemporary modes of inquiry and took seriously their implications for theological thought. But this context illuminates a deeper significance. It portrays religious discourse not as something bounded that encounters other bounded modes of thought; but rather as something that bears an intrinsic permeability and embeddedness in specific cultural contexts.

This is crucial because it demands analysis of *shifting* meanings and usages of key theological terms and conceptions of counseling in the later pastoral literature on sex and homosexuality. Many authors begin to call into question the therapeutic efficacy of explicitly moral language and categories like "sin." They advise their readers to instead take on a more therapeutic tone and with it, an array of new terms. But do these rhetorical shifts simply exorcise moral histories of pastoral discourse on sex? A better question will consider, rather, the new techniques of instilling moral values that these rhetorical shifts entail. Here the pervasive "shepherd" language is key—an ancient trope grounded in watchful care, now inextricably linked to Christian subjects constituted by a socially influenced developing "personality."

¹⁹² Ibid., 7. Dicks, *Pastoral Work and Personal Counseling*, 12.

CHAPTER 3

Sexual Reformations: Christian Ethics and the American Sexual Mystique

“The modern American minister is revolutionizing the relationship between religion and sex and meeting some surprising personal problems.”¹ These words open an article written by Duke University psychology professor Gelolo McHugh in *Look Magazine* entitled, “What Ministers are Learning about Sex” (1958). McHugh, “an expert in sex-counseling methods,” based the article in his experience conducting “sex-counseling clinics for 3,000 ministers.”² He suggested that ministers found themselves in “turmoil” as “Americans [were] undergoing a revolution in their attitudes toward sex, accepting it with a new candor and freedom.”³ The new sexual climate posed two challenges facing both the pastorate and the pastor’s private life. First, McHugh states, “ministers must learn not only to judge and admonish people, but to accept them as they are.”⁴ The second challenge is “to desert their traditional position that sex is evil, and to begin to teach that sex can be used constructively in life.”⁵

The early 1950’s saw the beginning of an explosion of Christian writing about sex. As McHugh notes, many sought to revise attitudes towards sex and to formulate a new Christian sexual ethic. These efforts to formulate a modern ethic were doubled with attempts to reestablish insight from early biblical and theological sources. While the pastoral counseling literature of the 1940s had largely designated sex as a medical issue, this emerging literature cast sex as matter that required both medical and pastoral

¹ Gelolo McHugh, “What Ministers are Learning about Sex,” *Look* 22, no. 10 (November 1958): 79.

² *Ibid.*, 79, 80.

³ *Ibid.*, 79.

⁴ *Ibid.*, 80.

⁵ *Ibid.*

expertise. The new pastoral writing on sex made full use of the psychological vocabulary of the self that was appropriated in earlier pastoral counseling literature. The concept that became key for understanding the self was the modern psychological notion of “development.” In 1951, Hiltner argued that the “developmental notion of persons” was the most distinct feature of modern pastoral counseling literature.⁶

This chapter argues that the concept of development provided the primary framework for pastoral writing on sex and that the notion of “sexual development” had two major implications. First, counseling sexual matters involved not simply identifying an act or a desire, but assessing the *meaning* of sexual behavior. To adequately engage a particular issue, it needed to be situated in its stage of development. Second, attention shifted to the family as the primary context for (early) sexual development. A new urgency enveloped successful marriage and the proper performance of masculinity and femininity. These two implications impacted Christian writing on homosexuality. The family replaced the psychiatric hospital as the most significance context to study the etiology and prevention of homosexuality. Homosexual behavior at certain stages of development was considered a normal part of heterosexual growth.

This chapter develops in three parts. The first section examines the explosion of pastoral literature on sex between 1951 and 1953. Diverse genres of writing were used to foster “healthy” attitudes towards sex. This new literature sought to combine modern medical knowledge with pastoral guidance. The second section analyzes writing on Christian sexual ethics in response to Kinsey. Christian authors’ emphasis on sexual development marked a decisive point of departure from Kinsey’s writing. The third

⁶ Seward Hiltner, “The Literature of Pastoral Counseling—Past, Present, and Future,” *Pastoral Psychology* 2, no. 5 (June 1951): 21.

section examines early conversations between pastors and psychoanalytic psychiatrists about the meaning, etiology, and treatment of homosexuality. It argues that while much of the pastoral literature written between 1950 and 1955 suggests that the pastor's role is to "treat" guilt, emotional distress, and social adjustment, two pieces written by Hiltner in 1955 and 1957 indicate a shift towards thinking about the pastoral role in facilitating sexual adjustment.

Sex Problems are Pastoral Problems

*"Let's be honest about it, one can be a Christian and still have a sex problem."*⁷

Carroll A. Wise's words concerning "pastoral problems of sex" were printed in the first of three special issues that the journal *Pastoral Psychology* published on the topic of "Sex and the Church" in 1952 and in 1953. Wise and others who worked in clinical pastoral training programs like the ones that Anton T. Boisen helped start had long studied "sex problems" in the context of mental illness.⁸ Boisen's focus on the role of sexual maladjustment in the genesis of mental disorder drew attention to a range of issues including incest, bestiality, and homosexual tendencies, experiences, and practices. In this earlier clinical pastoral literature, "sex problems" are considered almost exclusively in the pathologized context of questions concerning mental illness. The widespread pastoral discourse on sex and sexuality after 1950, by contrast, reflects a new general focus on sex.

⁷ Carroll A. Wise, "Pastoral Problems of Sex: The Answer to Problems of Sexual Behavior Is to Help People Work Out Their Fear, Guilt, and Hate, so that Their Capacity for Love Can Find Expression," *Pastoral Psychology* 3, no. 26 (September 1952): 57.

⁸ Consider, for example, Wise's analysis of the "sex problems" in the psychosis of a woman he names Mary Jones in Carroll A. Wise, *Religion in Illness and Health* (New York and London: Harper & Brothers, 1942).

Indicating the growing cultural interest in sex, the Revered Dr. Russell L. Dicks quotes Harvard psychologist Gordon Allport's reflections on the rising prominence of psychological literature on sex. Allport notes that from the turn of the century to the year 1950, religion and sex seem to have "reversed their positions," so to speak.⁹ Similarly, Dicks writes in his Introduction to Lewin and Gilmore's *Sex After Forty* (1952):

Sex was discovered in our generation. By that I mean as a potent force for happiness in human living is only now being released from the fears, taboos, restrictions and guilt complexes that have made of sex a destructive rather than the potentially wonderful creative force that it actually is.¹⁰

Like Dicks, many pastors began to stress the importance of taking new attitudes towards sex. This involved more explicit speech. One particularly notable example is William Graham Cole's consideration of the problem of "what really constitutes a sexual deviation" in *Sex in Christianity and Psychoanalysis* (1955).¹¹ With echoes of Freud's first essay on the theory of sexuality, he writes,

In much of sexual foreplay, there are many varieties of stimulation both in fact and fantasy. When cunnilingus or fellatio are used as preludes to coitus or as vibrational patterns, they are perfectly natural and normal. There is even a normal sort of sadism-masochism in the so-called 'love-bite.' An activity does not become a perversion until it is used compulsively as a substitute for the standard coital pattern.¹²

⁹ Gordon Allport, *The Individual and His Religion: A Psychological Interpretation* (New York: The Macmillan Company, 1950), 1. Quoted In Russell L. Dicks, "Introduction," *Sex After Forty* by S. A. Lewin and John Gilmore (New York: Medical Research Press, 1952), 10. Allport describes the shift: "Writing in the Victorian age William James could bring himself to devote barely two pages to the role of sex in human life which he labeled euphemistically the 'instinct of love.' Yet no taboos held him back from directing the torrent of his genius into the *Varieties of Religious Experience*. On religion he spoke freely and with unexcelled brilliance. Today, by contrast, psychologists write with the frankness of Freud or Kinsey on the sexual passions of mankind, but blush and grow silent when religious passions come into view. Scarcely any modern textbook writers in psychology devote as much as two shamefaced pages to the subject—even though religion, like sex, is an almost universal interest of the human race" (1-2).

¹⁰ Russell Dicks, "Introduction," 9.

¹¹ Note Cole's use of the DSM I (1952) term "sexual deviation." William Graham Cole, *Sex in Christianity and Psychoanalysis* (New York: Oxford University Press, 1955), 302.

¹² *Ibid.*

Many authors stressed the importance of gratifying sexual relationships for the success of marriage, the family, and the sexual development of children.

The new pastoral discourse on sex involved four notable features. First, it was explicitly articulated in contrast to “repressive” discourses that censured sex. It sought rather to teach, educate, and to foster “healthy” sexual practices and attitudes towards sex. The second notable feature is that it took on diverse genres including theological, historical, and psychological works, as well as practical guides, manuals, pamphlets, and handbooks written for both married couples and the pastors who might counsel them on matters of sexual adjustment.

Third, the new pastoral discourse on sex was invested with medical knowledge.¹³ Across different genres, pastors and physicians are paired as the authorities on matters of sex. Oliver Butterfield illustrates this in his reflections on the cultivation of sexual pleasure in women in his 1947 work, *Sex Life in Marriage*. “The morality of using such auxiliary methods of continuing the woman’s stimulation to secure her orgasm,” he explains, “has long been recognized by the church and medical authorities.”¹⁴ Finally, this discourse reflects a shifting framework for understanding homosexuality. Homosexuality was placed under the rubric of sexual development, and the family replaced the psychiatric hospital as the primary site for analysis. The pastoral counseling of homosexuals emerged in the context of this new pastoral discourse on sex that was suspended between Christian ethics and medical knowledge.

¹³ Carolyn Herbst Lewis considers physicians’ authority over sexual health in the US at this time through a focus on arguments in medical journals that sexual education is important for the success of marriage and democratic society in Carolyn Herbst Lewis, *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era* (Chapel Hill: The University of North Carolina Press, 2010).

¹⁴ Oliver M. Butterfield, *Sex Life in Marriage* (New York: Emerson Books, 1947), 146-147.

“Sex is Good”

The first issue of the “Sex and the Church” series, published in September of 1952, addresses anticipated resistance to the topic. Seward Hiltner writes on behalf of the editorial advisory board that their hope was to “help to re-create and create a new dimension of genuinely Christian thinking about sex in the modern world.”¹⁵ One unsettled reader wrote a letter expressing his indignation with the topic:

To the Editor:

I doubt that I am interested in re-subscribing. I doubt that the exploration of the sordid and the morbid is so important to the Christian ministry. Your magazine carries the hovering idea that sexuality is the most important thing in life and has an occult effect on all human behavior.

I would advise the editors of this paper to play a few sets of tennis, hoe in their gardens awhile, then memorize the sermon on the mount letter perfectly.

William I. Bell

Lyndon, Kansas¹⁶

Hiltner writes in response to this accusation of “overemphasis” that a “special issue on grief does not imply that we want more morbidity... Just so, a special issue on sex does not indicate a desire to emphasize it at the expense of the context without which it can have no meaning in the Christian sense.”¹⁷ The articles seek to integrate modern knowledge about sex into a Christian theological framework. These special issues on “Sex and the Church” represent a growing emphasis in pastoral literature that, as William Graham Cole phrases it, “sex is good.”¹⁸

¹⁵ Seward Hiltner, “Editorial: Sex and Pastoral Psychology,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952): 82. He writes further, “If we confronted a situation in which sex were discussed fully and frankly by all kinds of secular sources, but could not be so considered in a Christian context, we would have lost Christian contact with a vital area of man’s experience and by so much would have perverted Christianity itself” (82).

¹⁶ William I. Bell, Letter to the Editor, Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952): 5.

¹⁷ Hiltner, “Editorial: Sex and Pastoral Psychology,” 82.

¹⁸ William Graham Cole, *Sex and Love in the Bible* (New York: Association Press, 1959), 415.

Hiltner argues that sex is an important aspect of life that the pastoral psychologist should consider—especially in a context in which sex was an aspect of a broader problem of the “de-humanization of personal relationships.”¹⁹ He situates the pastoral discourse on sex within a broader need to engage emerging thought and concern by drawing “modern knowledge and insight” together with “the traditional concern and intent of the churches.”²⁰ With echoes of Carroll Wise’s words on the pastoral inclusion of sex problems, Hiltner argues, “pastors need exactly the same kind of help in aiding parishioners with sex problems as they want on any other kind of problem which arises in their pastoral care.”²¹

The journal’s editorial advisory board “originally envisioned one special issue on this subject.”²² According to Hiltner, they decided to present two issues because of the “quality of the articles,” especially the lengthy and “remarkable” historical survey of Christianity and sex.²³ They did not anticipate needing yet a third issue in March of 1953 to house the discussion, nor that Hiltner’s own *Sex Ethics and the Kinsey Reports* (1953) would be a central focus in the November 1953 issue. “This is a lot of sex!,” writes Hiltner in the editorial to the third issue.²⁴ Indeed, and it reflects the wider shift in American pastoral discourse towards the inclusion of “sex and sex problems” together

¹⁹ Hiltner, “Editorial: Sex and Pastoral Psychology,” 9.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ Seward Hiltner, “Editorial: What Have We Learned About Sex?,” Special Issue on Sex and the Church (Concluded), *Pastoral Psychology* 4, no. 32 (March 1953): 9.

with the “light which psychology and the related sciences have been able to shed on these matters.”²⁵

The articles in the three issues illustrate distinct approaches and positions on a range of topics. They begin with Yale Divinity School professor Roland H. Bainton’s historical survey of Christianity and sex, which is printed in two parts. Bainton traces a narrative from biblical sources to a “growing tendency [among the early Church Fathers] to regard every measure of self-denial as meritorious” through shifting attitudes during the Reformation.²⁶ He illustrates three distinct emphases in Christian attitudes to marriage: the sacramental, the romantic, and the companionable.²⁷ Several authors articulate positions on the use of psychotherapy and psychoanalysis that range from favorable appropriations²⁸ to methodological critiques²⁹ of theological uses of modern psychology. Many of the articles proffer theological interpretations of the meaning of sex in the Christian life, and they offer advice for counseling sexual concerns.³⁰ Several

²⁵ Ibid. Hiltner suggests that they have “learned” from the many letters submitted that “a large number of American ministers welcome responsible discussion of sex and sex problems from a Christian point of view, and in addition are grateful for the light which psychology and the related sciences have been able to shed on these matters” (9).

²⁶ Roland H. Bainton, “Christianity and Sex: An Historical Survey,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952): 16.

²⁷ Roland H. Bainton, Christianity and Sex (Part II), Special Issue on Sex and the Church (Part II), *Pastoral Psychology* 4, no. 31 (February 1953): 28.

²⁸ Robert H. Bonthius, “Christian Self-Acceptance: In the Light of Psychotherapy,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952).

²⁹ Otto A. Piper, “Towards a Christian Psychology of Sex,” Special Issue on Sex and the Church (Concluded), *Pastoral Psychology* 4, no. 32 (March 1953).

³⁰ See, Seward Hiltner, “Sex—Sin or Salvation?: Sex, if we Understand Nature, Can Be a Vital Aspect of the Doctrine of Salvation,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952), Reuel L. Howe, “A Pastoral Theology of Sex and Marriage: The Relationship of Sex Can Be a Means of Grace, an Instrument for the Reunion of that Which is Alienated,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952), Carroll A. Wise, “Pastoral Problems of Sex: The Answer to Problems of Sexual Behavior Is to Help People Work Out Their Fear, Guilt, and Hate, so that Their Capacity for Love Can Find Expression,” Special Issue on Sex and the Church (Part 1), *Pastoral Psychology* 3, no. 26 (September 1952), Joseph Fletcher, “A Moral Philosophy of Sex: Sex

articles from these issues were published in 1953 in a book entitled *Sex and Religion Today* edited by Simon Doniger.³¹

Methodist pastor and Boston University professor of the psychology of religion Paul E. Johnson wrote a book entitled *Christian Love* (1951) that is an early illustration of the theoretical and practical pastoral interest in sex.³² The book takes up questions such as, “What is love psychologically, religiously, and ethically? What is the Christian meaning of love? ... How may Christian experience bless sex and marriage?”³³ Johnson notes that it was Seward Hiltner who “suggested the need of such a topic.”³⁴ While the book includes an entire chapter devoted to “Sex and Marriage,”³⁵ the theme of sex is present throughout much of this text as it aims to justify the claim that sex is “a major concern of Christianity.”³⁶ In his reflections on sex and the church, Johnson criticizes the “repressive tendency [that] has been most evident in dealing with sex.”³⁷ He suggests to the contrary that “Christian love has no reason to crush the desires of sex,” and further that this “repressive tendency” has produced detrimental consequences for the family.³⁸

Rigidity of inhibitions and frigidity of sex impulses are the outcome of this negativism, often thwarting the success of marriage and damming back the free flow of love in the family.³⁹

Standards in Modern Life Must Depend for their Sanction upon Devotion Rather than Dread,” Special Issue on Sex and the Church (Part II), *Pastoral Psychology* 4, no. 31 (February 1953), Peter A. Bertocci, “Toward a Christian View of Sex,” Special Issue on Sex and the Church (Part II), *Pastoral Psychology* 4, no. 31 (February 1953).

³¹ *Sex and Religion Today*, Simon Doniger, ed. (New York: Association Press, 1953).

³² Paul E. Johnson, *Christian Love* (New York and Nashville: Abingdon-Cokesbury Press, 1951).

³³ *Ibid.*, 12.

³⁴ *Ibid.*, 7.

³⁵ *Ibid.*, 131-163.

³⁶ *Ibid.*, 131.

³⁷ *Ibid.*, 102.

³⁸ *Ibid.*, 107.

³⁹ *Ibid.*

He argues, “If we want Christian love, we shall need to release these repressions and guilt-ridden anxieties.”⁴⁰

Johnson tethers the danger of the “repressive tendency” around the subject of sex to a developmental view of human sexuality. Love “needs to be *learned*,” and this is a process that is vulnerable to going awry.⁴¹ Johnson narrates “psychological development” as a “series of social adventures from one self to other selves and from one to both sexes.”⁴²

At first the infant is autoerotic... As he grows into childhood, his next social steps are apt to be homoerotic. He is attracted to those who are most like himself. The boy plays more with other boys; the girl associates more with other girls... After this period the growing person is ready for the next social steps beyond self-interest. These will probably be heteroerotic interests in members of the other sex.⁴³

In Johnson’s view, homoeroticism is natural at certain stages of development.

“Heteroerotic interests” are manifest only at a late stage of adolescence. Each stage harbors a danger of becoming a “fixation” if “a growing person fails to outgrow these earlier levels of satisfaction.”⁴⁴

For Johnson, proper speech about sex is requisite for facilitating proper development. He identifies a “conspiracy of silence to keep children in the dark about sex” that “much to the uncertainty and insecurity of growing up.”⁴⁵

The sense of shame and embarrassment in which parents stammer and hang their heads when children ask about sex is not wholesome... Rigid repression here at an early age may have repercussions later in life, accenting acquisition and

⁴⁰ Ibid.

⁴¹ Ibid., 134, my emphasis.

⁴² Ibid., 135.

⁴³ Ibid., 133-134.

⁴⁴ Ibid., 137.

⁴⁵ Ibid., 102. “Conspiracy of silence” is the exact phrase Edmund Bergler uses for homosexuality in 1959.

restraint, sadistic tendencies, or guilt and frigidity in sex relations of married persons.⁴⁶

Johnson argues that “more adequate sex education is needed, not of the stern, repressive type but a sympathetic approach that will lace the facts of sex in a meaningful framework of Christian values and be dedicated to these purposes.”⁴⁷ Current lack of sex instruction has resulted in “[m]ost couples [entering] marriage unprepared for its responsibilities.”⁴⁸ These couples “may be encumbered by prejudice toward sex, fearful and ill-informed as to the art of conjugal love and the techniques of mutually gratifying coitus.”⁴⁹ Johnson identifies a pastoral role in coping with the “the tangles of love.”⁵⁰ His chapter on “Premarital Counseling” commends the pastoral distribution of materials that provide sex instruction to couples.⁵¹

Both Johnson’s text and the special issues of *Pastoral Psychology* illustrate a need for counseling, manuals, and texts providing sex instruction. The journal issues contain small to full double page advertisements for texts like *Sex Life in Marriage* (1947), *The Illustrated Encyclopedia of Sex* (1950), *Sex Without Fear* (1951), *The Mystery of Love and Marriage: A Study in the Theology of Sexual Relation* (1952), *Sexual Adjustment in Marriage* (1952), and *Sex after Forty* (1952).

⁴⁶ Ibid., 102, 132.

⁴⁷ Johnson, *Christian Love*, 141. William Graham Cole makes a similar argument: “What seems required is a new approach, based squarely upon a biblical understanding of Christian freedom. We must, to begin with, abandon all efforts to frighten children and young people about sex, seeking rather to emphasize its positive God-given possibilities and promises. We must also abandon all attempts to deal with sex in terms of proscription, indicating social approval or disapproval of acts on the basis of externals.” Cole, *Sex and Love in the Bible*, 429.

⁴⁸ Johnson, *Christian Love*, 154.

⁴⁹ Ibid.

⁵⁰ Ibid., 157. He writes, “To cope with the tangles of love we need counselors. A Counselor is a person who is able to share your emotional distress with responsive empathy and clarify your mental confusion by talking it over with you without robbing you of your freedom to decide or responsibility to carry out the steps needed for growth” (157).

⁵¹ Ibid., 157-163.

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Figure 2. Advertisement for *Sex without Fear* printed in *Pastoral Psychology* (1953).⁵²

The above image, printed in 1953, is one of several advertisements for S. A. Lewin and John Gilmore's *Sex Without Fear* (1950). Not only was the book endorsed, the editors sought to encourage its wide "ethical distribution."⁵³

JUDGE FOR YOURSELF. Fill out this coupon and receive your Free Examination Copy. Examine it thoroughly at your leisure, without obligation of any kind. To take immediate advantage of the liberal discounts and free bonus

⁵² Printed in Special Issue on "Sex and the Church (Part II)," *Pastoral Psychology* 4, no. 31 (February 1953): 7.

⁵³ *Ibid.*

offer, you may order 5 or more copies NOW under the full protection of the free examination and full return privilege.⁵⁴

The text sold so well that the editors ran out of copies. The advertisement announces that new copies were available at “special professional discounts.” A discount was available in proportion to the number of copies ordered (up to half off when 16-25 copies were purchased) with the promise that all could be returned “at no cost, no obligation whatsoever.” The advertisement offers a “free bonus copy” with “every order of 5 or more books.” Readers are assured that they can “distribute this approved manual to [their] people... confident that the information is accurate, valid and morally sound!” In her forward to the book, medical doctor Sarah K. Greenberg praises the book for being “fully illustrated,” “boast[ing] a glossary,” and for being sold at a “low price” that made it “available to the greatest number of people.”⁵⁵

The book was favorably reviewed by both medical and pastoral journals. The advertisement, which notes that the book is “[e]nthusiastically approved and recommended by ministers and physicians” alike, includes enthusiastic reviews from the *Journal of the American Medical Association* as well as from the periodical of the American Association of Mental Hospital Chaplains. Russell Dicks’ praise of the book in his introduction to *Sex After Forty*, later written by Lewin and Gilmore, is reprinted in the advertisement:

Other books and pamphlets have been published before *Sex Without Fear* and they have made their contributions, but none has struck the note of dignity, simplicity and forthrightness that this book contains.⁵⁶

⁵⁴ Ibid.

⁵⁵ Sarah K. Greenberg, “Foreword,” *Sex Without Fear*, S. A. Lewin and John Gilmore (New York: Medical Research Press, 1951), 12.

⁵⁶ Russell Dicks, “Introduction,” 11.

The advertisement highlights the uniqueness of the book: “It is the only book of its kind available exclusively to the layman through physicians and pastoral counselors.”⁵⁷

Sex Without Fear typifies a certain pastorally inflected medical discourse. The advertisement in *Pastoral Psychology* notes that the book, published by the Medical Research Press, is “forthright and frank written by a medical doctor in simple, non-technical language which everyone can understand.” While the book boasts simple medical language and descriptions, the frontispiece and almost half of its chapter headings are coupled with biblical verses.

Another widely read text that illustrates the pastoral appropriation of medical discourse was written by Oliver M. Butterfield, a Methodist pastor whose dissertation research at Columbia University was in family case work and social psychiatry.⁵⁸

Pastoral Psychology advertises Butterfield’s *Sex Life in Marriage* (1947), which was already in its 16th printing in 1952. *Sex Life in Marriage* is dedicated to its illustrator, the sexologist and obstetrician-gynecologist Robert Latou Dickinson (1861-1950). Dickinson was an early proponent of the practical utility of sex research who founded the Committee on Maternal Health (1923) and who was a founding member of the Committee of the Study of Sex Variants (1935-1941).⁵⁹ The book opens with reviews labeled as “Opinions from the Medical and Scientific Press.”⁶⁰ The following was from the *Physiotherapy Review*:

⁵⁷ Special Issue on “Sex and the Church (Part II),” 7.

⁵⁸ Johnson, *Christian Love*, 161.

⁵⁹ For Dickinson’s sex research, see Robert Latou Dickinson and Lura Beam, *A Thousand Marriages: A Medical Study of Sex Adjustment* (Greenwood Publishing Group, Inc., 1931).

⁶⁰ Oliver M. Butterfield, *Sex Life in Marriage* (New York: Emerson Books, 1947), i.

The author, a member of the clergy, has combined excellently scientific truths with modern moral standards, and one cannot help but profit by reading this concise but informative treatise.⁶¹

Many of the reviews extol the virtues of this book in which medical and pastoral expertise are drawn together.

Both *Sex Without Fear* and *Sex Life in Marriage* introduce a prominent motif in the sex instruction literature, namely, that sex instruction is necessary to ensure a successful marriage. “Dedicated to the married and to those about to be,” *Sex Without Fear* is “addressed primarily to the young couple just starting married life.”⁶² In addressing the threats posed by “sexual disharmony in marriage,” Butterfield writes,

Couples may differ in education, in religion, in many items deemed important in successful family adjustment and still the marriage can be a successful one. But without a considerable measure of sexual compatibility the whole marriage structure becomes a pretense and a disappointment.⁶³

Both texts note that sex instruction is particularly pressing as “the national divorce rate has soared to alarming heights.”⁶⁴ They give warnings about the consequent effects on “insecure children who will, in turn, grow up unfit for marriage.”⁶⁵ Lewin and Gilmore state that this “proves that *education*, not marriage has failed.”⁶⁶

⁶¹ Ibid.

⁶² Lewin and Gilmore, *Sex Without Fear*, 14.

⁶³ Ibid. See also Lewin and Gilmore, *Sex Without Fear*, 13, and Greenberg, “Foreword,” 11.

⁶⁴ Butterfield, *Sex Life in Marriage*, x. The preface to the 11th printing of the book indicates its success: “Recent studies indicate that when both marriage partners have a fund of sound sex information, the prospects for successful marriage are greatly increased. Indeed, some hundreds of readers of the present work have written the author to say that their own marriages have been greatly helped by the information contained in the work. They tell of reconciliations and happy adjustment after years of tension and frustration. Many express the intentions of giving the book to friends, and to their own grown children, because they attribute to it so much of their happiness and success in marriage” (ix).

⁶⁵ Greenberg, “Foreword,” 11. See also Butterfield, *Sex Life in Marriage*, x.

⁶⁶ Lewin and Gilmore, *Sex Without Fear*, 11, emphasis original. They write further: “The lack of sex education in America schools and colleges is appalling. Nor are medical schools much farther advanced in the teaching of sex education and sex practices. In *Sexual Behavior in The Human Male*, Dr. Alfred C. Kinsey demonstrates how inadequate knowledge affects our lives, our laws

Butterfield argues that recent legal opinion indicates a burgeoning shift in public opinion.⁶⁷ He refers to the 1931 US District Court case, *United States v. One Obscene Book Entitled "Married Love."* The case concerned the distribution of Marie Carmichael Stopes' *Married Love: A New Contribution to the Solution of Sex Difficulties* (1918).⁶⁸ The publishers' decision to send copies from the London Branch to their New York Office went to court over the prohibition against importing "obscene or immoral" material.⁶⁹ Judge John M. Woolsey stated that with the "contraceptive instruction" removed, he found nothing "exceptionable anywhere in the book."⁷⁰ Further, he *condones* it as "informative and instructive," and he suggests, "any married folk who read it cannot fail to be benefited by its counsels of perfection and its frank discussion of the frequent difficulties which necessarily arise in the more intimate aspects of married life."⁷¹ Butterfield quotes Woolsey's ruling: "The book before me here has as its whole thesis the strengthening of the centripetal forces in marriage, and instead of being inhospitably received, it should, I think, be welcomed within our borders."⁷²

Against those who "would prefer that any advice about sex given be in the form of generalities and hints," much of the new sex instruction literature offers vivid,

and our relations with each other. A pertinent example is the large number of men who know nothing about female anatomy or sex functions and therefore do not know how to act effectively in sex relations" (13).

⁶⁷ Butterfield, *Sex Life in Marriage*, 34. He writes, "Perhaps the most convincing evidence of the change in public opinion with respect to matters of sex is to be found in the modifications which the courts have made within recent years in the interpretation of the obscenity laws concerning the shipment of sex literature through the mails."

⁶⁸ Marie Carmichael Stopes, *Married Love: A New Contribution to the Solution of Sex Difficulties* (New York: Eugenics Publishing Co., 1932 [1918]).

⁶⁹ "United States v. One Obscene Book Entitled 'Married Love', 48 F. 2d 821 - Dist. Court, SD New York 1931," accessed 31 March 2014, http://scholar.google.com/scholar_case?q=US+v.+one+obscene+book+entitled+married+love+1931&hl=en&as_sdt=40000006&as_vis=1&case=15108969300410575876&scilh=0.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Butterfield, *Sex Life in Marriage*, 34.

descriptive, instructive speech coupled with “specific and detailed instruction” about a wide range of concerns.⁷³ Female genitalia are often characterized through the use of analogies to various fruits and vegetables. Butterfield describes the clitoris as “about the size of a pea,” and the uterus as “similar in shape to a flattened pear.”⁷⁴ Lewin and Gilmore, who also note the “pear shaped” morphology of the uterus, describe the ovaries as “about the size of plums.”⁷⁵ Moving into other food groups, Good and Kelly find the ovary to be a bit smaller in its variation from the size “of a hazelnut to a walnut.”⁷⁶ The authors of *The Illustrated Encyclopedia of Sex* (1950) make use of analogies to flowers and to ordinary objects.⁷⁷ By contrast to the analogies used for female genitalia, detailed descriptive language is most often used for male genitalia, as in this description from Lewin and Gilmore: “The penis is a soft, spongy organ, honey-combed with blood vessels, which greatly increases in size when distended with blood.”⁷⁸

The texts address a constellation of factors that contribute to mutually enjoyable sexual practices. They discuss the attitudes and emotions that are beneficial and those that are harmful, as well the kinds of settings that are most conducive to successful sexual encounters. In a chapter entitled “Planning the Honeymoon,” Butterfield describes the ideal setting:

Above all a good bed should not squeak. Nothing is more disconcerting than to have a bed squeak with every movement, especially during the process of sexual relations, when there is a possibility that such noise may be overheard.⁷⁹

⁷³ Ibid.

⁷⁴ Ibid., 63, 65.

⁷⁵ Lewin and Gilmore, *Sex Without Fear*, 17.

⁷⁶ Frederick L. Good and Reverend Otis F. Kelly, *Marriage, Morals and Medical Ethics* (New York: P. J. Kenedy & Sons, 1951), 39.

⁷⁷ A. Willy, Vander, Fisher, et. al., *The Illustrated Encyclopedia of Sex* (New York: Cadillac Publishing Co., Inc., 1950), 58, 66.

⁷⁸ Lewin and Gilmore, *Sex Without Fear*, 28.

⁷⁹ Butterfield, *Sex Life in Marriage*, 75.

Personal hygiene and desirable appearance are discussed at length. Many of these descriptions present ideals of femininity. Lewin and Gilmore, for example, refer to a popular song to illustrate the “ideal girl”:

Feminine daintiness is one of woman’s greatest attractions. A recent popular song, Irving Berlin’s ‘The Girl I Marry’, describes the ideal girl as being soft, suggestive of maternity, beautifully dressed and sweet-smelling... The woman who loves her husband and wants to hold his love will be careful always to look clean and smell sweet. Perfume will not take the place of soap and water, but it should not be neglected.⁸⁰

Lewin and Gilmore also emphasize the importance of proper care and hygiene in their later work, *Sex After Forty* (1952). A chapter entitled, “Glorify Yourself,” addresses matters like “routine cleanliness,” instruction around the use of ointments and “skin fresheners,” makeup tips, and suggestions for new hairstyles and new colors to consider as “staples” in clothing.⁸¹

Now that you are all spruced up, how do you smell? As good as you look?
Always be surrounded by alluring feminine scents—perfume, toilet-water, sachet.
Subtle, delicate odors whispering, ‘here is a woman.’ To paraphrase a cigarette ad, ‘the woman who smells good, feels good.’⁸²

Like many authors, Lewin and Gilmore offer much more succinct instruction around male hygiene in *Sex Without Fear*. “Body odors are almost always offensive. If it is not possible to bathe every day, the penis should be washed daily with soap and water.”⁸³

While this literature provided instruction for a wide range of issues, the main thing in need of instruction was sexual intercourse. Much of the sex instruction literature

⁸⁰ Lewin and Gilmore, *Sex Without Fear*, 26

⁸¹ Lewin and Gilmore, *Sex After Forty*, 91, 92, 92-3, 93-94, 95-6.

⁸² *Ibid.*, 95.

⁸³ Lewin and Gilmore, *Sex without Fear*, 30.

seeks to dispel two common misunderstandings. First, that sex is instinctive.⁸⁴ Butterfield writes to the contrary, “Practice does not help unless it is good practice.”⁸⁵ The second common misunderstanding is ignorance concerning the sexual pleasure of women. Lewin and Gilmore explain to their readers,

Many men simply do not know that women, too, are capable of orgasm; in fact, both should have at least one orgasm each time. Other men believe that ‘nice’ women should be ignorant of all the techniques that make the love-play a time of delight.⁸⁶

Correcting these misunderstandings requires, according to Lewin and Gilmore, “utmost frankness between husband and wife.”⁸⁷

Butterfield provides a detailed script for “The Several Phases of Coitus” as a six-act performance consisting of The Fore-play, Making the Entrance, Positions for Intercourse, Copulative Movements, The Orgasms, and The After-Play.⁸⁸ With the same detail, Lewin and Gilmore describe the “traditional, or instinctive position... for the woman to lie on her back and for the man to lie on top of her,” “the reverse, or woman-above position,” the “side-by-side position,” the “kneeling position,” and finally, the “sitting position.”⁸⁹ Both texts provide instruction for discrete sets of sexual practices. But they also include exhortations to their readers to do, in private, anything that gives them both pleasure. Butterfield assures his readers:

⁸⁴ For example, Butterfield writes, “It has been widely assumed by many persons that the process by which the sexes unite in the copulatory act is so simple and instinctive in nature that there is no need for giving any instruction concerning it.” Butterfield, *Sex Life in Marriage*, 84. Lewin and Gilmore write similarly, “Satisfactory intercourse is the basis for happy marriage. It does not occur automatically, but must be striven for.” Lewin and Gilmore, *Sex Without Fear*, 39.

⁸⁵ Butterfield, *Sex Life in Marriage*, 86.

⁸⁶ Lewin and Gilmore, *Sex Without Fear*, 40.

⁸⁷ *Ibid.*, 41.

⁸⁸ Butterfield, *Sex Life in Marriage*, xiv.

⁸⁹ Lewin and Gilmore, *Sex Without Fear*, 49-50.

Any position is right, any position is proper which permits full sexual enjoyment for both parties. All parts of the body are equally proper for use, provided they can be made to contribute to the happiness of this relationship and do not offend against the taste or feelings of either partner.⁹⁰

Lewin and Gilmore write a stronger exhortation:

These are the basic positions. There are others, such as standing. There are variations which will occur to a lively imagination. Try them. Never hesitate to experiment. Bear in mind several things—full satisfaction and simultaneous orgasm come with practice; the penis should always be in contact with the clitoris if possible; and especially, remember that anything that pleases a couple is perfectly proper to do. When your door is shut behind you, you are in your own world. Whatever occurs between you, if you both derive pleasure from it, is right and good and normal.⁹¹

Pedagogically, both texts seek to provide readers with certain fundamentals of sex that harbor the promise of a certain sexual freedom.

“Lesbian Women”

Homosexuality occupies a marginal place in the sex instruction literature. When mentioned at all, it is typically found in vague gestures.⁹² One significant counterexample is found in *The Illustrated Encyclopedia of Sex*, which *Pastoral Psychology* repeatedly advertised in the 1950s. Book IV of *The Encyclopedia* is comprised of chapters on the nature and pathologies of the “sexual impulse,” many of which focus on the sexuality of women. It includes a chapter on “Orgasm,” “Sexual Libido in Women,” “The Cold Woman,” “Hysteria of Sexually Unsatisfied Women,” and several chapters on “Feminine

⁹⁰ Butterfield, *Sex Life in Marriage*, 102.

⁹¹ Lewin and Gilmore, *Sex Without Fear*, 52. Lewin and Gilmore’s later text, *Sex After Forty* includes a reminder to this effect: “Always remember that anything that pleases a couple is perfectly right to do. When your door is shut behind you, you are in your own world. Whatever occurs between you, if you both derive pleasure from it, is right and good and normal” (83-84). This exhortation stands in contrast to an earlier passage that seems to limit the number of positions: “One novelist, several years ago, described a pagan queen, with twenty-odd slits in her tunic for every possible embrace. Don’t believe it. It’s not true. The body can comfortably assume only a limited number of positions. And to enjoy coitus, one must be comfortable” (49).

⁹² See for example, Good and Kelly, *Marriage, Morals and Medical Ethics*, 30, and Butterfield, *Sex Life in Marriage*, 38.

Frigidity.” One chapter entitled “The Sins of the Male” considers “cases where the cause of feminine impotence does not lie in the woman alone,” which include possession of an “abnormally large organ,” an “abnormal angle of erection,” and premature ejaculation or “absolute *ejaculation praecox*.”⁹³ Perhaps the most notable chapter is entitled, “Lesbian Women.” This chapter identifies the family as the significant context in which to consider the genesis of homosexuality.

“Lesbian Women” opens with a distinction between “two forms of feminine homosexuality,” which the authors name “the conscious and the unconscious.”⁹⁴ They explain that “[f]eminine homosexuality is conscious when the woman concerned deliberately refrains from the natural satisfaction of her sexual impulse with a man, and feels attracted by women.”⁹⁵ Most of the chapter addresses the “unconscious” form, which the authors attribute to “psychological factor[s]” rather than “in the defective function of the sexual glands.”⁹⁶ The authors attribute the cause of the unconscious form of “feminine homosexuality” to “wrong upbringing,” “[l]ack of sex education,” to “[f]amilies who give preference to boys [arousing] desire in girls to act as boys.”⁹⁷ They suggest that particularly pressing in the post-war context is a notion they attribute to Freud that “the absence of an energetic father in childhood may also promote a tendency towards homosexuality in a female child.”⁹⁸

The chapter indicates two key features that are significant in the burgeoning pastoral literature on homosexuality. The first feature is the use of a psychoanalytically

⁹³ Willy, Vander, and Fisher, *The Illustrated Encyclopedia of Sex*, 298, 23, 295.

⁹⁴ *Ibid.*, 304.

⁹⁵ *Ibid.*

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*, 304, 24.

⁹⁸ *Ibid.*, 304.

inflected vocabulary for understanding homosexuality. The second is the tacit assumption that the family is the most significant context in which to study the etiology and prevention of homosexuality.

Sexual Behavior Disclosed: Christian Ethics after Kinsey

Pastors like Seward Hiltner, Carroll A. Wise, and others understood sexual development as an important component of the development of human personality. They stressed the importance of the meaning and context of homosexual impulses and behaviors. Some degree of homosexual interest during adolescence was considered a normal part of heterosexual development. Problems arose when psychosexual development became “arrested” or “fixed.” Many iterations of this psychoanalytically inflected view of sexual development were formulated in pastoral literature between 1948 and 1955.

Pastors read widely to study the nature of homosexuality. They considered material from different fields of inquiry that included anthropology, sociology, psychiatry, and psychoanalysis. One of the early and most significant interlocutors, whose “shocking... findings on homosexuality” shook convictions about human sexual behavior, was Alfred C. Kinsey.⁹⁹ While the pastoral emphasis on development and prevention marked a notable difference from Kinsey’s writing on the subject, the Kinsey reports were widely discussed in the pastoral counseling literature. Seward Hiltner wrote several important pieces on the significance of Kinsey’s findings for rethinking Christian views of sex.¹⁰⁰ He summarizes “the Kinsey view” as follows: “People have been rather

⁹⁹ Cole, *Sex and Love in the Bible*, 413.

¹⁰⁰ Mark D. Jordan, *Recruiting Young Love: How Christians Talk about Homosexuality* (Chicago: The University of Chicago Press, 2011), 32, 37. R. Marie Griffith, “The Religious Encounters of

hypocritical about sex. There is little relation between actual behavior and formal codes.”¹⁰¹ For Hiltner, however, “Kinsey’s findings” do not make Christian views of sex irrelevant.¹⁰² Rather, Kinsey’s work *necessitates* speech about sex.¹⁰³ Hiltner explains that in the wake of new “facts about sex behavior, and consequent new insight into existing sex attitudes,” there was “no possible retreat into an ostrichlike position.”¹⁰⁴ “For good or for ill,” he writes, “the lid is off.”¹⁰⁵ Hiltner suggests that in light of “scientific investigation and therapeutic observation,” the Christian view of sex became open to restatement “that is more adequate and more relevant to the modern world, and that can implement rather than negate the biblical view.”¹⁰⁶

The “Least-Read Bestseller”

The “burly, Hoboken-born Alfred Charles Kinsey,” together with his research associates clinical psychologist Wardell B. Pomeroy and master of economics Clyde E.

Alfred C. Kinsey,” *The Journal of American History* 95, no. 2 (September 2008): 357, 368-9, 373-4.

¹⁰¹ Seward Hiltner, “Religious Aspects—A Protestant Viewpoint,” in *Sex Habits of American Men: A Symposium on the Kinsey Report*, ed. Albert Deutsch (New York: Prentice-Hall, Inc., 1948), 176.

¹⁰² He writes: “Is there anything in Kinsey’s findings that suggests we put the Christian view of sex on the shelf as irrelevant to modern life? The answer to this is an unqualified no. Is there anything in these findings that brings judgment on what Christians are thinking as well as doing, not thinking or not doing, about sex today? The answer is an unqualified yes.” Seward Hiltner, *Sex Ethics and the Kinsey Reports* (New York: Association Press, 1953), 206.

¹⁰³ Jordan writes, “Some readers found truly objectionable not Kinsey’s numbers, but his audacity in conducting detailed interviews about sexual behavior and then published the results. His sin was to bring sex into *public* speech.” Jordan, *Recruiting Young Love*, 32.

¹⁰⁴ Hiltner, *Sex Ethics and the Kinsey Reports*, 209. He speaks further to the dangers of silence around sex: “[L]ittle evidence [suggests] that the churches are teaching their people to think about specific sex problems (except contraception and divorce). The impact is more vague, in terms of general ideas of ‘purity’ and ‘cleanliness.’ As a result, we find such anomalous facts as that some young people became involved in homosexual relationships with no awareness of the implications, because nothing explicit has ever been said about these. Most clergymen can corroborate this from their own pastoral counseling experience” (213).

¹⁰⁵ *Ibid.*, 209.

¹⁰⁶ *Ibid.*, 34.

Martin, published *Sexual Behavior in the Human Male* in 1948.¹⁰⁷ Hiltner describes the book as a “monumental series of studies on sex behavior in human beings.”¹⁰⁸ Newspaper columnist and social historian Albert Deutsch (1905-1961) explains that the study sought to investigate human sexual behavior “from a scientific standpoint.”¹⁰⁹ Kinsey, an “expert in classifying insects,” approached his study of human sexual behavior in the same way that he had approach his study of gall wasps: as matter of taxonomy.¹¹⁰ This taxonomic approach involved examination of identities and differences across certain groups with a focus on variation. Hiltner explains that one collects “sufficient masses of data” in order to account for “not only the averages but also the extent of variations from those averages.”¹¹¹

Deutsch writes in 1948 that the “findings published in the first Kinsey report,” though tentative, “deal a shattering blow to widely prevalent and deeply rooted concepts of sex and marriage.”¹¹² He argues that the most significant result is that there is not a single “American sex pattern,” but rather “scores of different patterns, based mainly on social differences in the population.”¹¹³ Deutsch describes the rapidly growing popularity of *Sexual Behavior in the Human Male*:

¹⁰⁷ “How Men Behave,” *Time* 51, issue no. 1 (January 1, 1948). Alfred C. Kinsey, Wardell B. Pomeroy, and Clyde E. Martin, *Sexual Behavior in the Human Male* (Philadelphia and London: W. B. Saunders Company, 1948).

¹⁰⁸ Hiltner, *Sex Ethics and the Kinsey Reports*, v.

¹⁰⁹ Albert Deutsch, “Kinsey, the Man and his Project,” in *Sex Habits of American Men: A Symposium on the Kinsey Report*, ed. Albert Deutsch (New York: Prentice-Hall, Inc., 1948), 5, 6.

¹¹⁰ “How Men Behave,” *Time* 51, issue no. 1 (January 1, 1948). Deutsch writes, “Kinsey was firmly convinced that the taxonomic approach could be transferred from the study of insects to the study of humans.” Deutsch, “Kinsey, the Man and his Project,” 6.

¹¹¹ Hiltner, *Sex Ethics and the Kinsey Reports*, 53.

¹¹² Deutsch, “Kinsey, the Man and his Project,” 25-26.

¹¹³ *Ibid.*, 26. He writes further, “Dr. Kinsey and his colleagues have found wider differences in the sex habits of social groups living within the same community than anthropologists have reported between peoples separated by vast geographical difference... The discovery of these tremendous variations in American sex habits is of incalculable importance, since our moral and legal codes

Within ten weeks after its publication in January, 1948, [*Sexual Behavior in the Human Male*] reached second place on the list of nonfiction best sellers. The name of the senior author, Professor Alfred C. Kinsey, became a byword in the American household. Within two months of publication, a Gallup poll indicated that one out of every five Americans had already read or heard about the book—an extraordinary proportion.¹¹⁴

Just five years later, Hiltner wrote that Kinsey had become “a household word.”¹¹⁵

Though nicknamed “the least-read bestseller,” *Sexual Behavior in the Human Male* was widely discussed by a wide range of people.¹¹⁶

Kinsey himself was not religious, and narratives of the reception of the “Kinsey reports” often presume an antagonistic relationship between Kinsey and the religious figures that engaged his work.¹¹⁷ Yet historian R. Marie Griffith shows that this “habitual rendering of Kinsey as a cultured despiser of religion” has served to conceal the fact that “Kinsey played a critical religious role in the United States by enlivening Protestant liberals to reconsider and, indeed, revise their view about sex.”¹¹⁸ Indeed, while the “Kinsey reports” elicited vehement responses from both conservative evangelical and liberal Protestant figures, other (largely liberal Protestant) figures positively assessed the value of the work, actively engaged the results, corresponded with Kinsey, and maintained the importance of rethinking Christian pastoral discourse on sex.¹¹⁹

are based largely on the assumption that ‘normal’ Americans share a common pattern of sex behavior” (26).

¹¹⁴ Deutsch, “Kinsey, the Man and his Project,” 1. He writes further, “Within a few months, the Kinsey project was imbedded in the American folklore—the subject of gags by radio stars, of bawdy jokes in barrooms, of good-humored anecdotes in family parlors. The work became a powerful battering-ram against the ramparts beyond which were stored the accumulated sex taboos of centuries” (1).

¹¹⁵ Hiltner, *Sex Ethics and the Kinsey Reports*, v.

¹¹⁶ “Behavior, After Kinsey,” *Time* 51, issue no. 15 (April 12, 1948), my emphasis.

¹¹⁷ Griffith, “The Religious Encounters of Alfred C. Kinsey,” 349-377.

¹¹⁸ *Ibid.*, 353, 350.

¹¹⁹ Jordan, *Recruiting Young Love*, 32-39, Griffith, “The Religious Encounters of Alfred C. Kinsey,” especially pp. 353-371.

Hermeneutics of Sexual Behavior

In an essay published in the same year of the first Kinsey report, Hiltner articulates what becomes a crucial point of departure. While he stresses the importance of the “knowledge of facts,” he notes a key restriction of the “biological view.”¹²⁰ The “biological view” does not address the need for interpretation.¹²¹ Simply tallying sexual outlets was insufficient because the “*meaning* of [the same] behavior” varied under different circumstances. William Graham Cole describes this point, which is significant in much of the pastoral literature on sex:

The emphasis must be exactly where the New Testament places it, on the inner motivation and not the outer act. It is never enough to concentrate narrowly on what people do. That is the method of Kinsey and company: to deal with sexual relations as contacts.¹²²

Cole argues that a Christian approach “must always ask the deeper questions: ‘What does the act mean?’ ‘Why are they acting as they do?’”¹²³

Hiltner draws a distinction between moralism and ethical instruction in his early essay on Kinsey. This distinction is essential in the growing pastoral “regulation of sex life.”¹²⁴ Hiltner argues, “[e]ither way we believe in a moral law. But in the one case we become policemen and propagandists. In the other, we are educators and shepherds.”¹²⁵ Hiltner’s words reflect a shifting understanding of what constitutes a therapeutically effective disposition. Many pastors sought to establish a space between condemnation and approval that was thought to best facilitate the counseling relationship.

¹²⁰ Hiltner, “Religious Aspects—A Protestant Viewpoint,” 173, 174.

¹²¹ *Ibid.*, 174.

¹²² Cole, *Sex and Love in the Bible*, 430.

¹²³ *Ibid.*

¹²⁴ Hiltner, “Religious Aspects—A Protestant Viewpoint,” 180.

¹²⁵ *Ibid.*, 181.

Hiltner published a much more detailed analysis of Kinsey’s writing in his book-length work, *Sex Ethics and the Kinsey Reports* (1953). Hiltner, “a theologian, especially concerned to explore the personality sciences for the light they contribute to theological understanding and religious practice,” explains that the purpose of the book “is to examine the findings that Kinsey has revealed, from the point of view of Christian ethics, and to see if there is anything in these findings that suggests alterations in our understanding of Christian ethics as related to sex.”¹²⁶ The text begins with the challenge of accounting for “the fact that there have been and are so many conscientiously held understandings of the Christian view of sex, differing so widely among themselves.”¹²⁷

Hiltner crafts a narrative from biblical views through key moments in Christian history. He describes the earliest conception of sex in the “Old Testament” is “like that of the ‘mana’ of which the anthropologists speak—a kind of mysterious, external, and wholly supernatural force that invades human life and human beings for good or for ill.”¹²⁸ The term “know” was later used as “a synonym for sexual intercourse” in the sense that “[t]hrough sex, one discovers something he can explore in no other way.”¹²⁹ Hiltner explains that sex is “in some sense sacramental, in that a spiritual gift has emerged through a physical act,” that God works “through the material for spiritual ends.”¹³⁰ He describes two emphases in Jesus’ teachings in the Gospels, first that “he came not to destroy the law but to fulfill it.”¹³¹ Hiltner interprets the significance for Christian thinking about sex to be that at stake are not specific laws and regulations but rather the

¹²⁶ Hiltner, *Sex Ethics and the Kinsey Reports*, vi, 53.

¹²⁷ *Ibid.*, 4-5.

¹²⁸ *Ibid.*, 8.

¹²⁹ *Ibid.*, 9.

¹³⁰ *Ibid.*, 9, 17.

¹³¹ *Ibid.*, 11.

“rejection of a personal relationship, the *use* of another person (even symbolically) as if she were not a person or child of God.”¹³²

A second significant point is that sex, “while good, is not the most important thing in life. Seek ye first the kingdom of God.”¹³³ The major shift in Paul’s writing is that “the meaning of anything, therefore, including sex” needed “to be viewed in the light of its work for or against the kingdom.”¹³⁴ While in the Middle Ages Roman Catholicism took on a “general legalistic mind-set,” the Protestant Reformation, became a sort of sexual revolution through its emphasis that “salvation could not come by ‘works’.”¹³⁵ For Luther, “what God created was good,” and though “man’s sin perverted it all, from top to bottom,” there was nothing “inherently sinful in sex from which a special justification or sanction [was] needed to free it.”¹³⁶

Hiltner’s narrative of shifting Christian understandings of sex culminates with a critique of Kinsey’s interpretation of the Christian view of sex:

The answer is clear to [Kinsey]. The Christian (and Jewish) view of sex can be adequately characterized by the word ‘reproductive’... From the foregoing discussion, it must be clear that Kinsey’s understanding of the Christian view of sex is not the biblical view nor the view of the Protestant Reformers.¹³⁷

¹³² Ibid.

¹³³ Ibid.

¹³⁴ Ibid.

¹³⁵ Ibid., 19, 20.

¹³⁶ Ibid., 20, 21.

¹³⁷ Ibid., 26, 27. Hiltner’s book reflects a notable shift in his own position here—he drops his emphasis on “propagation” (which was coupled with “completion”) in the article in the Deutsch symposium. See Hiltner, “Religious Aspects—A Protestant Viewpoint,” 178.

Hiltner directs some of the force of the critique away from Kinsey himself by considering the likelihood that this view is anchored in “a simple descriptive level” that reflects a widespread erroneous view, even among Christians.¹³⁸

Hiltner argues that “no other findings set forth by Kinsey have proved as shocking to many people as those on homosexuality, especially in relation to men.”¹³⁹ Hiltner quotes Kinsey’s quantitative data. Kinsey reports that “at least 37 per cent” of males have some homosexual experience between adolescence and old age, while four per cent are “exclusively homosexual throughout their lives, after the onset of adolescence.”¹⁴⁰ Hiltner argues, “it is the amount of homosexual activity in the lives of males *not exclusively homosexual* that has proved most surprising.”¹⁴¹ Despite his own persistent use of substantive nouns, Hiltner notes that Kinsey preferred that the “unqualified substantive term ‘homosexuality’ not be used, and that [one] refer instead to several gradations of heterosexual-homosexual preference from the ‘exclusively homosexual’ at one extreme to the ‘exclusively heterosexual’ at the other.”¹⁴² Kinsey explains this in the concluding paragraph to a section on the definition of the term homosexual:

It would encourage clearer thinking on these matters if persons were not characterized as heterosexual or homosexual, but as individuals who have had certain amounts of heterosexual experience and certain amounts of homosexual experience. Instead of using these terms as substantives which stand for persons, or even as adjectives to describe persons, they may better be used to describe the

¹³⁸ He writes further, “If there is such an enormous discrepancy as is now apparent between what he found, and the biblical and Christian view of sex, the main reason is probably not that Kinsey observed incorrectly but that the misunderstanding of the Christian view is widespread.” Hiltner, *Sex Ethics and the Kinsey Reports*, 27.

¹³⁹ *Ibid.*, 123. He argues that the “social taboo against homosexual activity among women has been considerably less than among men” (124).

¹⁴⁰ *Ibid.*, 123.

¹⁴¹ *Ibid.*, 124, my emphasis.

¹⁴² *Ibid.*, 123.

nature of overt sexual relations, or of the stimuli to which an individual erotically responds.¹⁴³

For Hiltner and many authors of the pastoral counseling literature, overt sexual relations and erotic response to stimuli were not the essential considerations in their work on homosexuality. They were much more concerned with questions of the circumstances under which these tendencies, impulses, and behaviors *developed* in the life of a particular individual.

For many authors, interest in development shifted attention from isolated acts and behaviors to questions about the conditions surrounding the formation of an attitude, tendency, personality, or disposition.¹⁴⁴ A 1949 editorial in *The Journal of Pastoral Care* addresses this shift in a discussion of differences between earlier and modern Christian approaches to homosexuality:

Since much of our factual knowledge of homosexuality has come out of modern scientific study and was not available in earlier times, it is understandable that the earlier theologians considered this problem only in terms of acts, and not also in terms of inner disposition, tendency and attitude. Most of them failed to realize that homosexual acts were merely inevitable expressions of *the inner attitude or personality which had been developed*; they tended to believe the acts could be restrained, and that would handle the matter. Today we believe it is not enough merely to restrain oneself from homosexual acts; the root or core of the problem is not acts but attitude.¹⁴⁵

In this view, homosexual acts and behaviors are symptomatic of an “attitude or personality” that developed in a particular social, environmental, and familial context.

Hiltner stresses the importance of development for understanding sexual matters. Out of the “thousand things in the modern studies that have significance for the Christian view

¹⁴³ Kinsey, *Sexual Behavior in the Human Male*, 617.

¹⁴⁴ It is worth noting that one would be hard-pressed to locate the term “identity” in the pastoral literature about homosexuality in the 1950s.

¹⁴⁵ “Editorial: A Christian View of Homosexuality,” *The Journal of Pastoral Care* 3, no. 2 (Summer 1949): 16, my emphasis.

of sex,” for Hiltner one “[stands] out above all others,” namely, “the developmental understanding of sex.”¹⁴⁶ He situates this developmental understanding in a theological framework. “If it is a Christian ethics, then God is at work, supporting, sustaining, judging, loving, throughout the process of *development*.”¹⁴⁷

In *Sex Ethics and the Kinsey Reports*, Hiltner takes a position on homosexuality in the space between moral condemnation and approval, a position that stresses the context and meaning of sexual behavior. Hiltner’s “developmental understanding of human personality” considers human life in various “stages” that provide important contexts for interpreting sexual behavior.¹⁴⁸ “The small child exploring his own body,” he argues, “the masturbation struggle of the adolescent, the inner conflict of the person who fears he may have homosexual tendencies—*all such things would be understood within the sequence of developmental factors that have produced them.*”¹⁴⁹ He makes clear that while they “would not of course merely or indiscriminately be condoned... the people involved would not, as people, be condemned.”¹⁵⁰ Writing against views that hold all homosexual inclinations and activities to be morally wrong, Hiltner explains that homosexual “impulses” are a “normal” part of the development sequence. He states that “there is a sense in which a person *learns* to become heterosexual,” and that “in so far as this implies that impulses toward homosexual experience at certain earlier stages of

¹⁴⁶ Hiltner, *Sex Ethics and the Kinsey Reports*, 34-35.

¹⁴⁷ *Ibid.*, 38, original emphasis.

¹⁴⁸ *Ibid.*, 35. He describes the process of development: “It is that the child noticeably, and the adult definitely but less obviously, develops or grows through a sequence of stages, and that the meaning of an attitude or of behavior at any particular point can not be understood unless it is related to this developmental sequence. This is true of sex as of other things.”

¹⁴⁹ *Ibid.*, 176, my emphasis.

¹⁵⁰ *Ibid.*

development are within a normal and natural pattern of development, this too needs to be accepted.”¹⁵¹

He does not, however, entirely remove homosexuality from the realm of morals. Rather, he suggests that one should first suspend moral judgment in order to assess the meaning of impulses and behavior:

All Christian views have always held [homosexuality] to be both wrong and unnatural. From the standpoint of fulfilling the human functions of sex in adults, that is from an end-point view, we would agree with this judgment. But what does this say about a couple of twelve-year-old pals who engage once or twice in homosexual exploration? Without asserting that this is of no consequence, we now know that this may mean to these youngsters something quite different from what fixed homosexuality means to an adult.¹⁵²

Though he emphasizes the notion that homosexual impulses fall within a “normal and natural pattern of development,” he argues that “if this is taken to mean an evaluation of naturalness, normality, or rightness at a human mature and adult interpersonal level, then that is quite different.”¹⁵³ Hiltner’s worry about taking a condemnatory attitude towards “natural” behavior points to an issue deeper than simply misrecognizing “normal” behavior. Consider the following passage:

We know that all of us have a kind of latent homosexual component, and that all of us go through a dominant stage of our development when our interests are centered on members of the same sex. We also know something of the kinds of conditions and life relationships that tend to make for fixed homosexuality in adulthood, and that they probably have little to do with the possibility of casual exploration by the twelve-year-olds. Fixed adult homosexuality is more likely to arise in a boy, when there has been a clinging or smothering mother, the absence of a male figure with whom the boy can identify, and similar conditions. If we had an exclusively end-point view of morality, we might wholly misunderstand

¹⁵¹ Ibid., 125.

¹⁵² Ibid., 37. Hiltner stresses the importance of assessing the meaning of behavior: “Let it be emphasized that developmental understanding does not say simply to let the twelve-year-olds alone. It says that one can not possibly know what is immoral or moral, now or later, unless he understands the meaning of behavior now. And this meaning may not be at all what it seems to be, on the basis of superficial comparison of external items” (37).

¹⁵³ Ibid., 125.

the meaning of the twelve-year-olds' behavior, and thus *unwittingly contribute negatively to the achievement of the very goals we seek*.¹⁵⁴

Hiltner emphasizes the importance of assessing the meaning of behavior, but rarely addresses the effects of misrecognition. But his comment about “unwittingly [contributing] negatively” to certain sought after goals suggests worry over the unintended effects of moral condemnation. His words indicate that a condemnatory attitude produces even more resistance. As the pastoral counseling literature on homosexuality grew in the early 1950s, many authors began writing at greater length about the nature and the risks involved in the pastoral counseling of homosexuals.

The Pastoral Counseling of Homosexuals (1950-1955)

An anonymous minister who wrote an inquiry to *Pastoral Psychology*'s 1955 “Consultation Clinic on Homosexuality” illustrates a widely held interest in pastoral advice that was medically sound. The minister explains that he is “seeking help for a young woman” in the parish who is “a homosexual.”¹⁵⁵ He writes to the journal “[d]esiring to find *scientifically Christian answers* for her need.”¹⁵⁶ Though the pastoral counseling literature reflects different understandings of homosexuality, many of these distinct positions were formulated in dialogue with contemporary medical and scientific perspectives on the issue.

This section examines the growing pastoral literature on homosexuality between 1950 and 1955. Authors took distinct and at times, opposing, positions on questions of etiology and treatment. Early conversations between pastors and psychiatrists about the

¹⁵⁴ Ibid., 37, my emphasis. Kinsey makes a similar argument: “One of the factors that materially contributes to the development of exclusively homosexual histories, is the ostracism which society imposes upon one who is discovered to have had perhaps no more than a lone experience.” Kinsey, *Sexual Behavior in the Human Male*, 663.

¹⁵⁵ “The Consultation Clinic on Homosexuality” *Pastoral Psychology* VI (September 1955): 49.

¹⁵⁶ Ibid., my emphasis.

pastoral role in the treatment of homosexuality are illustrated in several of *Pastoral Psychology*'s "Consultation Clinics." For authors like theologian Derrick Sherwin Bailey (1910-1984) and psychiatrist Karl M. Bowman, the outcome of treatment was unclear. Both suggest that the best approach was to focus on prevention through fostering "healthy" family relationships. Authors like Carroll Wise suggest that the pastor's role is to alleviate guilt and emotional distress. This stands in contrast to Hiltner's later writings between 1955 and 1957 that raise the possibility of the "will to change" erotic inclinations.

The Family, for Good Sexual Adjustment

Derrick Sherwin Bailey's *Homosexuality in the Western Christian Tradition* (1955) is an early prominent text that offered an historical examination of the Western Christian tradition on questions of homosexuality.¹⁵⁷ While the book focuses on misinterpretations of Christian writing and contemporary legal discourse, it also raises issues in the pastoral counseling literature. Bailey qualifies use of his key term:

Strictly speaking, the Bible and Christian tradition know nothing of *homosexuality*; both are concerned solely with the commission of homosexual *acts*—hence the title of this study is loosely, though conveniently, worded. Homosexuality is not, as commonly supposed, a kind of *conduct*; it simply denotes in male or female a *condition* characterized by an emotional and physical propensity towards others of the same sex.¹⁵⁸

This description of homosexuality as a "condition" marks a point of contrast with Kinsey, who stressed the use of "homosexual" for stimuli and overt sexual relations, and precisely not for persons.

¹⁵⁷ For more on the context and notable features of the text, see Jordan, *Recruiting Young Love*, 56-58.

¹⁵⁸ Derrick Sherwin Bailey, *Homosexuality and the Western Christian Tradition* (Hamden, Connecticut: Archon Books, 1975 [1955]), x, emphasis original.

Bailey's move to understand homosexuality as a "condition" was tethered to questions about "its" origin. He describes uncertainty around "the causes and nature of this condition":

As yet, we know little about the causes and nature of this condition. In many cases there are indications that it is a psychological state, due to relational maladjustments affecting the subject in the early years of childhood—though the condition may not manifest itself in any recognizable form until adolescence or later, and may even remain more or less latent throughout life. Sometimes, however, it appears to be innate, and possibly biological in origin; and some hold that it may also be heredity. No doubt it may occasionally be due to a combination of such causes.¹⁵⁹

Bailey also describes uncertainty about the outcome of treatment. He explains that "[e]xperience up to the present has shown that the homosexual condition is usually, for various reasons, unalterable (though some experts are more sanguine than others about the possibility of 'cures')."¹⁶⁰ Without claiming to resolve these uncertainties, Bailey identifies the family as the key site for the formation of the homosexual:

In many cases it appears to be due to an unsatisfactory relationship between a child and its parents, or to the repercussion upon a child of some grave defect or maladjustment in the relationship between its father and mother. Comparatively little thought seems to have been given to the possibility that marital disharmony, divorce, and the disruption of family life by war (to mention only three factors) may cause an apparently incurable deflection of the sexual impulse leading sometimes (though not necessarily, nor in every case) either to habitual indulgence in homosexual practices as 'normal' in those so conditioned, or to the commission of some 'offence' in a moment of personal stress or crisis.¹⁶¹

In the book's conclusion, Bailey raises the issue of prevention. The possibility that the family context decisively influences sexual development raises, for Bailey, the likelihood that the "[p]romotion of good marriages and happy homes will achieve a result

¹⁵⁹ *Ibid.*, x-xi.

¹⁶⁰ *Ibid.*, xi.

He writes further, "the compulsive physical urges often associated with it may be relieved by psychiatric or other medical treatment."

¹⁶¹ *Ibid.*, 167.

immeasurably greater and more valuable than punitive legislation aimed at the private practices of adult homosexuals.”¹⁶²

Bailey phrases this more sharply in a list of conclusions to the study that culminates with a list of “matters to which attention ought urgently to be directed.”¹⁶³ Though he suggests that more study should be “given to the causes and the nature of the condition of inversion” and “to the possibility of a ‘cure’ in certain cases,” Bailey writes that the “most important” matter is “the promotion of happy marriages and family life, so reducing the incidence of inversion due to psychological causes arising from maladjusted relations between husband and wife, and between parents and children.”¹⁶⁴ Bailey’s hunch that the family is the key context for understanding homosexuality culminates with his concluding focus not on cure but on prevention through fostering the “healthy” family context that would prevent “incidences of inversion.”

A similar emphasis on prevention rather than on cure is illustrated in an important article that was reprinted as a booklet entitled, “The Problem of Homosexuality,” by psychiatrist Karl M. Bowman and Bernice Engle.¹⁶⁵ Rollin J. Fairbanks (1908-1983), the first Executive Director of the Institute of Pastoral Care and the founding editor of the *Journal of Pastoral Care*, praises the Bowman and Engle article in his review of it.¹⁶⁶ Fairbanks writes that it “provides some of the most helpful material [he] has seen,” and

¹⁶² Ibid., 167-168.

¹⁶³ Bailey, *Homosexuality and the Western Christian Tradition*, 176.

¹⁶⁴ Ibid.

¹⁶⁵ Karl W. Bowman and Bernice Engle, “The Problem of Homosexuality,” *Journal of Social Hygiene* 39, no. 1 (January 1953): 2-16. Bowman and Engle co-authored several publications notably including in the same year, Karl M. Bowman and Bernice Engle, “Review of Scientific Literature on Sexual Deviation,” in *California Deviation Research*, report presented to the California State Assembly (January 1953). Cited in Terry, *An American Obsession*, 469.

¹⁶⁶ E. B. Holifield, “Fairbanks, Rollin J.,” *The Dictionary of Pastoral Care and Counseling*, ed. Rodney J. Hunter (Nashville: Abingdon Press, 1990), 393-394.

that “[a]ll students of human behavior, whether directly involved in counseling or not, will be wiser and more understanding if they will have read this.”¹⁶⁷ The Bowman and Engle article reads like a literature review of contemporary perspectives on homosexuality. The narrative depicted in the images throughout the text, however, keep the focus on prevention at the center of the article.



Figure 3. Images printed in Bowman and Engle’s “The Problem of Homosexuality.”¹⁶⁸

The Bowman and Engle article is prefaced with the claim that “[s]ince the term homosexuality has many different meanings, it is necessary to describe the various ways it is used in the literature.”¹⁶⁹ The text begins by drawing a distinction between the overt homosexual, “a person who carries out a sexual act with a person of the same sex,” and

¹⁶⁷ Rollin J. Fairbanks, Review of “The Problem of Homosexuality,” *Journal of Pastoral Care* IX, no. 4 (Winter 1955): 238.

¹⁶⁸ Bowman and Engle, “The Problem of Homosexuality,” 8, 4, 15.

¹⁶⁹ *Ibid.*, 2.

the latent homosexual, who either “consciously desire[s] homosexual relationships” or who might “even react with disgust to such an idea” while harboring “strong homosexual drives at an unconscious level.”¹⁷⁰ After reviewing the Kinsey studies together with studies of “primitive societies,” “zoologic evidence,” studies of “sex hormones and their relation to other glandular secretions,” and studies of correlations with various physical features, the authors consider recent research on two distinct understandings of homosexuality.¹⁷¹

The first is represented by Franz Kallmann’s study on the “genetic aspects of male homosexuality” (1952).¹⁷² Bowman and Engle suggest that Kallmann’s data “do show a multiple causation,” and that “biologic components and factors of personality development are so closely interrelated that a variety of mechanisms at different developmental stages may disturb the individual’s attainment of sexual maturity.”¹⁷³ For Bowman and Engle, the importance of “developmental stages” raises the second major understanding of homosexuality, the “psychoanalytic view,” which they write “has attained fairly general acceptance.”¹⁷⁴ They characterize this view as “the idea that homosexuality stems from a fixation during early childhood sexual development or a regression to infantile sexuality.”¹⁷⁵

In light of the authors’ hunch that homosexuality is deeply intertwined with personality development, it is not surprising that they would express a certain reticence in taking a conclusive position on questions of treatment. Bowman and Engle suggest that

¹⁷⁰ *Ibid.*, 2-3.

¹⁷¹ *Ibid.*, 4-7.

¹⁷² *Ibid.*, 9.

¹⁷³ *Ibid.*

¹⁷⁴ *Ibid.*

¹⁷⁵ *Ibid.*

the “problem of treatment is one of the most thorny in medical therapies.”¹⁷⁶ They write further that a “number of methods have been reported, only to be discarded later as ineffective.”¹⁷⁷ The authors briefly discuss what they consider to be the possible if improbable “surgical methods” of castration and lobotomy before discussing the potential usefulness of analytic treatment for bringing “harmony, peace of mind and full efficiency to the unhappy neurotic patient.”¹⁷⁸

Like Bailey’s pioneering text, the Bowman and Engle article culminates with a discussion of “the problem of prevention,” which the authors suggest “has not been too well explored and doubtless awaits more valid evidence of the causes of homosexuality and of successful treatments.”¹⁷⁹ Despite Kinsey’s interpretation of his own studies, Bowman and Engle use Kinsey’s work to support their focus on prevention.¹⁸⁰ In their interpretation, Kinsey’s studies suggest “that methods of child-rearing, [and] the question of coeducational training and cultural attitudes towards early heterosexual activities should be scrutinized carefully, if homosexual patterns are to be avoided.”¹⁸¹ The article concludes with the significance of the father and the mother in a child’s development:

Knowledge of psychosexual development suggests that the father should take an important part in training the boy and restraining his instinctual drives, while the mother should offer warm care and affection. The boy thus has a man to identify with and a beloved mother-figure to possess as an ideal.¹⁸²

¹⁷⁶ Ibid., 10.

¹⁷⁷ Ibid.

¹⁷⁸ Ibid., 10-11. They suggest that while cure may not be possible, “sometimes [analytic treatment] succeeds in ‘developing the blighted germs of heterosexual tendencies’ present in every homosexual” (11).

¹⁷⁹ Ibid., 14.

¹⁸⁰ Ibid.

¹⁸¹ Ibid.

¹⁸² Ibid., 14-15.

Bowman and Engle make prevention a more explicit focus than does much of the pastoral counseling literature. Both, however, emphasize the context of the family for understanding homosexuality.

Psychiatric Warnings

Pastoral Psychology's "Consultation Clinic" was a regular feature that offered "practical aid to readers with many of the baffling problems which come to them in the process of their professional work."¹⁸³ The clinics addressed issues such as counseling with the alcoholic, the terminally ill, the "psychopath," and the homosexual. The "Clinics" fostered conversation between pastors and psychiatrists about the meaning, etiology, and treatment of homosexuality. Discussants often stressed the dangers of moral condemnation. These ranged from simply being unhelpful to inhibiting therapeutic treatment. Contributors to the "Clinics" took different positions on matters like causal factors and on the pastoral role in treatment.

Many of the conversations between pastors and psychiatrists about homosexuality reflect the importance of the meaning of impulses and behavior, and of contextualizing them within a developmental understanding of persons. *Pastoral Psychology*'s 1951 "Consultation Clinic" on "The Church and the Homosexual" reflects these points of emphasis. This "Clinic" is structured by two inquiries from religious figures followed by a series of six responses. The weight of medical authority is indicated, perhaps, by the fact that the first five responses were written by psychiatrists. The first inquirer is a missionary from India who suspects that a "great deal of homosexuality among the boys

¹⁸³ Simon Doniger, "Introduction," *The Ministers Consultation Clinic: Pastoral Psychology in Action*, ed. Simon Doniger (Great Neck, New York: Channel Press, Inc., 1955), 7.

and girls” might stem “from a wrong conception of friendship.”¹⁸⁴ The second is a minister who writes about “a situation of ‘unnatural affection’” between “two women who hold positions of leadership in the church.”¹⁸⁵ The women “‘hold hands’ in church service,” and are presumed to be fostering “an unnatural sexual relation.”¹⁸⁶ The inquiring minister writes four clusters of questions that might prove helpful should the minister need to “handle” the situation “[i]f the facts are established.”¹⁸⁷

However, none of the respondents offer the inquirers an unqualified course of action. Rather, they turn first to questions about the nature and meaning of homosexuality. The respondents seem to share the assumption that they should not offer advice without clarifying the phenomenon in question. The responses stress the importance of meaning and context, of suspending judgment about moral culpability, and of understanding the issue primarily as a psychiatric problem. Columbia University psychiatrist Sandor Rado writes the sharpest and consequently the shortest argument that homosexuality is a psychiatric problem. Wary of the minister’s involvement, he writes, “[t]o make a diagnosis is a task for the psychiatrist. It must not be attempted on grounds of circumstantial evidence.”¹⁸⁸ He advises further that the minister’s “best course of action” is to not enter the situation, but rather “to advise one of the other of the parties concerned to consult a psychiatrist.”¹⁸⁹

Psychiatrist-Marriage Counselor Walter R. Stokes, a member of Gelolo McHugh’s Sex Knowledge Inventory advisory committee, expresses concern that the

¹⁸⁴ “The Consultation Clinic on the Church and the Homosexual,” *Pastoral Psychology* II (November 1951): 49.

¹⁸⁵ *Ibid.*

¹⁸⁶ *Ibid.*

¹⁸⁷ *Ibid.*

¹⁸⁸ *Ibid.*, 54.

¹⁸⁹ *Ibid.*

inquirer's "somewhat ingenuous concept of the meaning of homosexuality" is understood as a "'morals' problem."¹⁹⁰ He suggests this "point of view is quite different from that of present-day psychiatry," which understands homosexuality as an "expression of latent tendencies that were firmly established in early childhood."¹⁹¹ Stokes explains, "a certain amount of homosexual love feeling (and even sporadic homosexual physical contact) is not *necessarily* of morbid significance among young people who have very limited social relations with the opposite sex."¹⁹² It becomes "morbidly significant" once it becomes a "compulsively dominant tendency," at which point "its real meaning lies not in its being a 'bad habit' but in the much deeper proposition that it is a symptom of severe personality disorder, involving arrested psychosexual development in infancy and very early childhood."¹⁹³ Stokes writes about the futility of approaching the issue as a moral problem, though he does not suggest that this might cause further harm.

Psychiatrist John A. P. Millet also avoids describing sexual behavior in moral idiom. He explains that the "love impulse" has "a long developmental history" and he narrates a child's "love feelings for members of the two sexes" as a stream that branches in two directions.¹⁹⁴ He explains that sometimes, "the natural direction of one branch stream may become blocked" as a result of "frustration in relationships with members of the opposite sex, which arise, as they usually do from fear and feelings of guilt that have originated in childhood."¹⁹⁵ He writes that when the "natural need to express and receive

¹⁹⁰ Ibid., 53.

¹⁹¹ Ibid.

¹⁹² Ibid. He writes further, "The problem of the compulsively homosexual person lies in his (or her) fear of accepting a heterosexual role. He, the homosexual, has been conditioned in early childhood to intense fear of attempting to follow his own natural sex role in life" (53).

¹⁹³ Ibid.

¹⁹⁴ Ibid., 50.

¹⁹⁵ Ibid.

love [becomes] confused by the arousal of sexual feelings,” the “ground may be laid for a permanent deviation of the sexual aim.”¹⁹⁶ Millet’s words about homosexuality in *Pastoral Psychology*’s second special issue on “Sex and the Church” two years later uses the same language. He offers a psychoanalytic interpretation wherein homosexual practices indicate a “maladjustment,” the roots of which “can be definitely traced to psychological disasters in the emotional experiences of early childhood.”¹⁹⁷ He writes that these “activities” can be considered as “the acting out of a deep-seated personal *tragedy*”—a phrase that seems to avert obvious culpability.¹⁹⁸

Both Stokes and Millet suggest that homosexuality is not primarily a moral issue. Psychiatrists Philip Q. Roche and Camilla M. Anderson take this position a step further in suggesting that moralistic condemnation can, in fact, cause further harm. Roche, at the University of Pennsylvania Medical School, characterizes homosexuality as “a psychiatric problem,” but unlike Rado he offers some insight into the “issue” for his readers.¹⁹⁹ With echoes of Kraft-Ebbing, Roche writes that this “phenomenon can be regarded as a kind of mental illness and not a willful perversity.”²⁰⁰ As such, the minister should be “mindful that the roots of the relationship are anchored in the unconscious, and that moral insight alone is insufficient to deal with it.”²⁰¹ Though he writes that the minister has the twofold objective “to effect treatment of the parties involved,” and “to

¹⁹⁶ Ibid.

¹⁹⁷ John A. P. Millet, “A Psychoanalyst’s Viewpoint on Sexual Problems: Self-Control Based on a Rigid Separation of Pleasure and Denial is Bound to Fail,” Special Issue on Sex and the Church (Part II), *Pastoral Psychology* 4, no. 31 (February 1953), 45.

¹⁹⁸ Ibid., my emphasis.

¹⁹⁹ “The Consultation Clinic on the Church and the Homosexual,” 52.

²⁰⁰ Ibid.

²⁰¹ Ibid.

relieve the tensions of his parish,” he seems most concerned to instruct his readers on preventing harm.²⁰²

Psychic forces behind such relationships are imperative and repetitive and even with skillful handling are difficult to modify. The minister should hope to exploit any opportunity to get either party into competent psychiatric hands. He can achieve little unless either party can feel an incentive to use help. *This incentive can be smothered if the minister engenders too much anxiety and especially if he makes a condemnatory moralistic attack upon the problem.*²⁰³

In Roche’s view, the “incentive to use help” can be extinguished by a “condemnatory moralistic attack.”

Anderson, like Hiltner and others, stresses the notion that “[a]ll behavior has meaning.”²⁰⁴ She describes “sexual experimentation with one’s own sex” as a “kind of preliminary exercise preparatory to playing the grand finale of heterosexuality.”²⁰⁵ Like Roche, Anderson expresses concern over how to approach the issue:

No matter what the standards of any culture, one can say with assurance that homosexuality is an incomplete stage of sexual development since it is not biologically sound. If we can look upon it as an incompleteness rather than as something to be judged morally, we may be in the best possible position to ‘do something about it,’ for we do not become frightening then to the people on whom we anticipate working, but only inquiring and objective. A truly objective attitude on the part of those who want to ‘do’ something about anything stimulates objectivity in those on whom one is focusing, and it minimizes the defensiveness which can destroy all possibility of true growth on either side.²⁰⁶

Like Roche, Anderson establishes a connection between the disposition of the counselor and the possible therapeutic outcomes.

Hiltner, the only minister included in the responses, writes the closing piece. He shifts the issue away from sexual behavior to the broader issue of emotional fulfillment:

²⁰² Ibid., 51- 52.

²⁰³ Ibid., 52, my emphasis.

²⁰⁴ Ibid., 54.

²⁰⁵ Ibid., 55.

²⁰⁶ Ibid., 55-56.

This looks like homosexuality... But what is homosexuality? Does it become such only when the interest of one woman extends to the sex organs of the other? In other words, is it to be defined biologically? Or is it to be understood in terms of affectional attachment, with or without mutual sex stimulation? Or is it to be understood, in still more general terms as meaning such an antipathy to the opposite sex that one can have affectional relations only with one or more persons of his own sex?²⁰⁷

He suggests that society “is inclined to think in biological terms,” and while there is a “very real” *social* difference between “the person who engages in sex behavior with his own sex” and “the person who has most of his affectional needs met by persons of his own sex,” the *psychological* difference “may be very small.”²⁰⁸ On Hiltner’s view, “sex relations or no sex relations,” the two women “would be fixed at a stage prior to maturity,” they “would not have attained the goals of adult growth.”²⁰⁹ Hiltner does not prescribe a specific role for the pastor in treatment. He suggests that the pastor can ask the people involved if they want help:

If they want help, he can either give it to them or help them get to some one who can. If they do not want help in the sense of possible change in themselves, they may at least learn to be less self-destructive in flaunting their relationship in the community’s face.²¹⁰

Hiltner’s use of “help” and the phrase “possible change in themselves” in this piece is vague. His later writings explicitly take up the possibility of change.

The “Will to Change”

Pastors took different positions on possibilities of pastoral counseling with homosexuals. Carroll Wise suggests in *Pastoral Psychology*’s first special issue on “Sex and the Church” (1952) that the pastor should treat the emotional distress surrounding homosexuality. He characterizes homosexuality as an emotional problem rooted in

²⁰⁷ Ibid., 56.

²⁰⁸ Ibid.

²⁰⁹ Ibid., 57.

²¹⁰ Ibid.

childhood, as stunted emotional growth with an explicit disavowal of any moral culpability. “The homosexual is not a ‘bad’ person; he is a person whose emotional development has not progressed beyond a certain stage of childhood.”²¹¹ While Wise explicitly notes that it is “folly to tell these people to give up homosexual practices, or to become heterosexual in their interests,” he places the focus of the therapeutic encounter “with people who come with sex problems” on “helping [them] develop their capacity for love.”²¹²

Hiltner similarly tethers his understanding of homosexuality to a Christian interpretation of sex that emphasizes sex as a problem of human freedom.²¹³ The article is framed with a passage from David E. Roberts’ *Psychotherapy and a Christian View of Man*: “in the history of theology specific discussions of sex have fallen prevailingly under the topic ‘sin’ and have received scant positive attention under the topic ‘salvation.’”²¹⁴ The focus on the relationship between sex and sin is important for drawing out the theological functions of sex.²¹⁵ Hiltner describes homosexuality as “a distorted way of achieving companionship and romance through sex entirely eliminating

²¹¹ Carroll A. Wise, “Pastoral Problems of Sex,” 61. For Wise, the characterization of homosexuality as an emotional problem makes it similar to other pastoral problems: “With the approach outlined here, pastoral problems of sex lose their sexual coloring, and become what all pastoral problems are, an opportunity to help persons grow to a mature emotional and spiritual life” (64).

²¹² *Ibid.*, 61, 63. Wise identifies a desire “to change,” and writes, “The homosexual person, both male and female, often consults the minister. Usually these are young persons who have not accepted their homosexuality as a permanent way of life and want to change. In my experience I have not seen the confirmed homosexual, though I have seen some of his younger victims” (58).

²¹³ Hiltner, “Sex—Sin or Salvation,” 27-29, 33.

²¹⁴ *Ibid.*, 27.

²¹⁵ He is careful not to drop the question of sin entirely. He writes, “does this mean that we must take it entirely away from the doctrine of sin? The answer is plainly no. But we can become clearer than we are now of the place it occupies under the sin rubric, as we can of the place it should hold in full human salvation or sanctification.” *Ibid.*, 33.

the sacramental.”²¹⁶ While “[w]e can unreservedly condemn a sadistic or masochistic way of sex life,” he explains, “[we can provide] therapeutic help for those whose inner emotional tangles have led them to such distorted perspectives.”²¹⁷ Like Wise, Hiltner’s early essay links therapy to “emotional tangles,” but not explicitly to sexual orientation.²¹⁸

The conversations in the “Consultation Clinics” indicate shifting understanding of treatment. Though participants take different positions, the possibility that homosexuality is something that can be changed emerges only in later writings. The 1950 “Clinic” centers on questions of how to counsel with homosexuals given the impossibility of a “cure.” Hiltner’s contribution to the 1955 “Clinic,” on the other hand, introduces and considers the therapeutic possibilities surrounding the crucial notion of a “will to change.”

Pastoral Psychology’s 1950 “Consultation Clinic” includes a discussion in response to an inquiry about a “Problem of a Homosexual Theology Student.”²¹⁹ A hospital chaplain writes about “a 24-year-old single white male... theological student” who has been a practicing “overt homosexual” since age 14.²²⁰ While in the Navy, he “became entrenched in homosexual practices.”²²¹ Following his conversion “by a Southern Baptist evangelical,” he “felt a call to the ministry” and “entered the Seminary Prep School.”²²² The chaplain describes the student’s relationship history:

For the last year and a half he has been ‘living in a very happy homosexual relationship with his roommate.’... On return from the Christmas vacation his

²¹⁶ Ibid.

²¹⁷ Ibid.

²¹⁸ Ibid.

²¹⁹ “The Consultation Clinic: The Problem of a Homosexual Theology Student,” *Pastoral Psychology* I (May 1950): 52.

²²⁰ Ibid.

²²¹ Ibid.

²²² Ibid.

roommate broke off relations. The patient cut his wrists ‘not in suicidal attempt but to get my roommate back.’ After cutting his wrists he put himself in a position to be helped, which bears out his contention.²²³

The chaplain focuses his inquiry on treatment and cure. He writes, “The psychiatrists tell him ‘he can’t be cured, there is nothing they can do to make him heterosexual.’ Now here is where I want your advice. How would you counsel with this man?”²²⁴

Millet responds and affirms the inquirers’ assumptions about the impossibility of a “cure.” He writes, “This patient is a seriously disturbed individual, and no attempt should be made to counsel him without the cooperation and supervision of a psychiatrist. We cannot think of a case like this in terms of a ‘cure,’ or making him ‘heterosexual.’”²²⁵ He suggests that “psychoanalytic therapy” might be helpful in making “it clear that the best that could be done would be to help him to understand the implications of his homosexual leanings, and to help him adjust to this deviation of his emotional development.”²²⁶

Russell Dicks similarly expresses skepticism about the possibility of cure.²²⁷ His response centers on helping the homosexual student navigate social conditions. He writes that he “would counsel him to plan to live his life in a large city where he can live the kind of life he seems to need emotionally.”²²⁸ Psychiatrist George W. Henry, like Dicks, focuses on social conditions. He writes, “What is the desideratum here? This: that the man make as successful an adjustment as is humanly possible within the framework of

²²³ Ibid.

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Ibid.

²²⁷ Ibid., 52, 53.

²²⁸ Ibid., 52-53.

the society in which he proposes to function.”²²⁹ He discusses the possibility of cure and gestures to something that pastors like Hiltner consider later on at greater length:

It is generally felt in psychiatric circles that cure—using the word quite loosely, but in the assurance that the clergyman will know what we are talking about—is quite impossible unless the patient himself is ready and willing *and able* to make prodigious efforts. Where the patient himself does not seek cure, it is a waste of his time and the therapist’s time to undertake to change a behavior pattern which is quite fixed.²³⁰

Henry remains doubtful about “cures” throughout the 1950s. He focuses much more on helping people “adjust” to social conditions. Hiltner’s writings in 1955 and 1957, by contrast, suggest a shift towards seriously considering what Hiltner calls the “will to change.”

Pastoral Psychology’s 1955 “Consultation Clinic” on “Homosexuality” is structured differently than the 1950 and the 1951 “Clinics.” Rather than printing the inquiries followed by a series of responses, the 1955 “Clinic” is structured as a question and answer forum with several inquiries each followed by just one or two responses. Hiltner replies to the first inquiry. It comes from a minister who writes about “a young man of my acquaintance, about twenty years of age, who has recently confided to me that he engages in homosexual practices.”²³¹ He requests “some comments that would at least help me to understand the situation of young men like this, and consequently put me in a better position to be of some possible help to him.”²³² The inquirer in the 1950 “Clinic” assumes that “cure” is not possible. This inquirer in the 1955 “Clinic” by contrast does not make explicit assumptions about the matter at hand.

²²⁹ Ibid., 53-54. Here as in some many texts, notions of adjustment remain ambiguous.

²³⁰ Ibid., 53.

²³¹ “The Consultation Clinic on Homosexuality,” 44.

²³² Ibid.

Hiltner addresses the inquirer's concern about both how to understand homosexuality and with how to "be of some possible help" to the young man. Hiltner's words about how to understand homosexuality are similar to parts of the Bowman and Engle article. Hiltner begins with the importance of social experience:

[The] best evidence we now have is that homosexuality, in the sense of an exclusive adult attraction for sexuality only with the same sex, can but very rarely be understood in connection with the constitution, temperament, or congenital inheritance of the individual. This is another way of saying that, whatever may be involved, it has merged through the person's actual social experience.²³³

Hiltner writes a narrative of a child's "growth and development," in which he describes the "heterosexual capacity" as something that is "achieved."²³⁴ Whereas Bowman and Engle focus on the distinction between the overt and the latent homosexual, Hiltner's focus is on the "fixed homosexual."²³⁵ Like Bowman and Engle, Hiltner finds a psychoanalytic approach to be the most compelling. He writes, "The psychoanalysts, it would seem to me, have made by far the most important contributions to our knowledge of how nearly all fixed homosexual preferences arise."²³⁶ Hiltner addresses genetic interpretations, but rather than examining literature written on the topic, he suggests that homosexuals themselves are likely to understand "their condition" in these terms. He writes, "fixed homosexuals themselves have a tendency to want to consider and interpret

²³³ Ibid., 44-45.

²³⁴ Ibid., 45. He describes the process of growth and development: "In the course of his growth and development, the child moves through various stages in regard to sexuality. There is a sort of infantile or childhood sexuality—not, to be sure, having the same components in the adult—which early involves the explorations of his own body, etc. Since he is a human social being, this becomes one factor among others in his relations with other people. The little girl who sits on Daddy's lap does not have adult sexual thoughts; but one can not rightly read that whole situation without seeing in it at least the germ of preparing her for later sexuality" (45).

²³⁵ Ibid., 48.

²³⁶ Ibid., 45.

their condition in some kind of heredity, or glandular, or at least physiological terms.”²³⁷

While the pastoral counseling literature makes very few references to literary accounts of homosexuality, Hiltner warns his readers that current novels on the market “use this rationalization very cleverly.”²³⁸

Similar to Roche and Anderson’s worry that moral condemnation inhibits treatment, Hiltner expresses concern over punitive action.²³⁹ For Hiltner, understanding homosexuality as a set of patterns that form in the context of an individual’s development has implications for its treatment. The notable change from his earlier writings is evident in his words about the therapeutic possibilities of psychotherapy:

If all the above is true, and represents (at least in rough summary) the development of most fixed homosexual patterns, then it is plain that the one kind of therapy which might have a chance to change the patterns is that which helps the person to deal with and assimilate those very factors in his experience which have led to his deep fear of the other sex, the compulsive attraction for his own sex, and so on. This is, in one form or another, psychotherapy. But such psychotherapy can not deal only with homosexuality, as if it were an isolated cause. This pattern has grown out of a whole attitude toward life, which one’s whole experience has actually taught him.

Therefore, unless he has that thing we find hard to define—the ‘will to change’ sufficiently to enter upon such therapy, there may be comparatively little chance for him to change. Because of its compulsiveness, the vicious circle of bondage can get fixed very easily, making it impossible to have a genuine ‘will to change.’²⁴⁰

Hiltner does not convey an optimistic tone about changing “fixed homosexual patterns.”

But unlike in his earlier writing, he considers the prospect of change to be a possibility.

²³⁷ Ibid. He discusses these interpretations, and indicates that they mask accountability: “This is simply the same kind of tendency that makes another person want to believe his ulcer has nothing to do with his personality, or that his blood pressure has no relation to his inner life. But since this so often comes out in the homosexual’s rationalization that something other than his social and personal experience must be posited to account for his condition, we need to note this fact” (45).

²³⁸ Ibid.

²³⁹ He explains that such “recriminatory action plainly adds more fuel to the flame of resentment against society... and therefore fixes the exclusively homosexual pattern more firmly.” Ibid., 47.

²⁴⁰ Ibid.

Hiltner's use of the phrase, "will to change," and his reference to fixed homosexual patterns as "bondage" convey a classic trope of the bondage of the will. He suggests that a genuine "will to change" is quite rare. For many who "on the surface" express interest in change, the "bondage of the inner will" makes "the chance [of change] very slight."²⁴¹ Interestingly, his doubt about the possibility of change dissipates in the presence of a "*genuine will to change.*"²⁴² He writes, "Where there is any degree of genuine will to change, so that one will follow the necessary steps to get therapy, the chances are excellent."²⁴³ He writes further that in these cases, the minister confronts "the difficult task of being really interested in him as a human being, accepting the fact of his sexual pattern—but helping his homosexuality to be less personally and socially harmful than it often is."²⁴⁴

Hiltner returns to the possibility of change in a book on the topic of Christianity and sex, *Sex and the Christian Life*, published in 1957.²⁴⁵ This text consists largely of material from *Sex Ethics and the Kinsey Reports*, without any of the chapters on Kinsey. Part of a "Reflection Book" series, *Sex and the Christian Life* is assembled as a popular guidebook on how to understand the place of sex in the Christian life in light of Christian history and the modern "developmental" view. The first three chapters consider biblical views of sex and views of sex through Christian history before offering a constructive

²⁴¹ Ibid., 48.

²⁴² Ibid., 47, my emphasis.

²⁴³ Ibid. With language that is strikingly similar to that used by more recent ex-gay movements, Hiltner writes, "There are some among the experts who believe that a 'cure' for such persons ought not to be define as completely and exclusively heterosexual reactions—but instead, as the capacity to respond heterosexually, even if homosexual attraction continues" (48).

²⁴⁴ Ibid., 48. He writes further, "I believe the clergy have generally ducked this question. I believe there is an important function for us to perform right here. To some this seems like conniving with homosexuality. I would reject such a view as unchristian" (48).

²⁴⁵ Seward Hiltner, *Sex and the Christian Life* (New York: Association Press, 1957).

view in the fourth chapter.²⁴⁶ This text, like *Sex Ethics and the Kinsey Reports*, closes with a chapter on “practical implications” in a question-answer format. The questions cover a range of topics from extramarital sex relations, to premarital intercourse, to the “amount and kind of sexual intercourse that married couples should have.”²⁴⁷ Many of the questions included are repeated from the Kinsey book. But the penultimate question raises a new concern—homosexuality, an issue not discussed in the final chapter to *Sex Ethics and the Kinsey Reports*:

QUESTION: May we assume that the Christian view of sex is plainly against homosexuality in any form?

ANSWER: It is certainly a presupposition of the Christian view that God created us male and female, and that the completion of each is assumed to rest in union with the other who is, in many basic respects, unlike himself. It is for this reason, more than for anything involving reproduction, that homosexuality in any kind of normative sense is disapproved by the Christian view.²⁴⁸

But despite this necessary disapproval, Hiltner suggests that homosexuality is an important pastoral issue:

But the total problem of homosexuality is not disposed of by such a statement. For one reason, many people discover themselves to have homosexual impulses, and seriously desire to alter this fact. Every possible therapeutic resource should be made available to them. When the desire to get help and to change is serious, even our present-day knowledge can do much for these people, and technical knowledge is expanding. A mere condemnation of such persons would be radically unchristian.²⁴⁹

He uses the language of the “will” here, and couples it with the need for therapeutic help:

²⁴⁶ He describes the aim of balancing traditional Christian thought with modern knowledge: “Here an attempt will be made to state a modern Christian view of the place of sex in the Christian life. This is based firmly in the biblical view, but it takes into account the modern knowledge symbolized by ‘developmental understanding,’ as well as the developments within Christian history since Bible times. As far as possible, the statements themselves are put in the language of the modern world as well as in the traditional language of Christian thought.” Hiltner, *Sex and the Christian Life*, 72.

²⁴⁷ Ibid., 102-5, 107-12, 100-2.

²⁴⁸ Ibid., 116-119, my emphasis.

²⁴⁹ Ibid.

There are also persons with homosexual impulses who are so compulsive that at times, and against the ‘will’ they are usually able to exercise, they become involved in overt behavior. Many of these people are not ‘fixed homosexuals’ in the sense that they have inwardly accepted this form of behavior. It is just those people who are often caught and made to experience a kind of legal or other public degradation that makes their problem worse rather than better. They need therapeutic help, and so far too little of it is available.²⁵⁰

For Hiltner, condemnation, whether moral or legal, harbors a threat of “fixing” patterns of homosexual behavior. These passages from Hiltner’s 1957 text mark notable changes in his writing on homosexuality. In the later writings, he takes a new position that an ardent “will to change” coupled with adequate therapeutic resources may indeed accomplish a sexual adjustment. Perhaps most significantly, the pastor plays a key role in facilitating just such a change.

Conclusion

In the early 1950s, many American pastors sought to respond to a changing “sexual mystique.”²⁵¹ These ethical projects moved simultaneously in two directions. First, they sought to formulate a Christian ethic of sexual behavior that would be tethered to both the church and the new cultural climate.²⁵² Many expressed concern that “a static

²⁵⁰ Ibid., my emphasis.

²⁵¹ Wainwright Churchill uses this phrase to describe a “society’s aims, and the dogmas and taboos [around sex] that are evolved in the interests of these aims.” Wainwright Churchill, *Homosexual Behavior Among Males: A Cross-Cultural and Cross-Species Investigation* (New York: Hawthorn Books, Inc., 1967), 15-6.

²⁵² Baptist minister Wayne E. Oates expresses concern in 1966 that a “‘secular ethic’ of sexual behavior” had emerged “in isolation from, and out of communication with, the formal structure of the church and its ministry.” Not the clergy, he argues, but rather “[p]hysicians, particularly psychotherapists, social workers, sociologists, and college teachers have had to accept much of the responsibility for caring for persons with sexual difficulties.” In Oates’s view, the shifting cultural climate necessitated “a workable Christian ethic for the pastoral care of persons with sexual problems.” He identifies the emergence of pastoral counseling, family-life education, and significant literature on the ethics of sex represents a hopeful attempt to bridge the gap between a secular sexual revolution and a static Christian morality.” Wayne E. Oates, *Pastoral Counseling in Social Problems: Extremism, Race, Sex, Divorce* (Philadelphia: The Westminster Press, 1966), 80-81, 83, 95, 80-81.

Christian morality” was unfit for meeting the shifting issues that people faced.²⁵³ Second, these efforts to reform Christian sexual ethics also always involved going back to early biblical and theological sources. In this sense, many sought to (re)articulate a Christian sexual ethic that was at once modern and traditional. Mid-century ethical projects took shape around a modern understanding of the self. The pastoral writing on sex hinged on the concept of “development.”

The emphasis on sexual development is a key point of departure from Kinsey’s *Sexual Behavior in the Human Male* (1948), which was one prominent work that opened pastoral conversations about sex. For Kinsey, certain varieties of sexual behavior exhibit “normal” statistical variation. On this view, questions of context and etiology are all but irrelevant. For authors like Hiltner and Johnson, by contrast, the meaning of sexual behavior is of the utmost significance. One must consider matters such as who performs the behavior, under what circumstances, and to what end. If “fixed” patterns of homosexual activity in adults were considered problematic, a degree of same-sex activity was considered to be “normal” during that tender period of adolescence, so deeply influenced by the family context that nurtures its progression.

The language in the pastoral literature used to characterize homosexuality is striking in its absence of theological rhetoric. Despite the insistence of Hiltner, Bainton, and Bailey that there are extended histories of theological and sacramental interpretations of sex, these are curiously absent from discussions of homosexuality. This discourse is constituted by psychological terms and framed with psychoanalytically inflected assumptions about psychosexual development. These terms and assumptions are deeply

²⁵³ Ibid., 81.

endemic to the development of modern “pastoral counseling.” Yet it is notable that Bailey, like Hiltner and the authors of the 1949 editorial on Christianity and homosexuality, identify a key limitation in biblical and theological vocabularies for speaking about homosexuality. As Bailey argues, these theological bodies of literature focus on the commission of homosexual *acts*, in other words on conduct, without regard for homosexuality as a condition. In light of modern psychiatric understandings, assumptions of moral culpability and willful perversion are deemed misguided and injurious.

Many of the psychiatrists in the “Consultation Clinics” emphasize the importance of understanding homosexuality in the context of development rather than, as Stokes has it, as a “morals’ problem.” Stokes emphasizes the dominant view in “present-day psychiatry,” namely that homosexuality is an “expression of latent tendencies that were firmly established in early childhood.”²⁵⁴ Millet characterizes homosexuality as a result of “psychological disasters in the emotional experiences of early childhood.”²⁵⁵ In dialogue with these thinkers, pastors like Hiltner and Wise characterize homosexuality as an emotional problem rooted in childhood.

If therapy and counseling are always centered on these psychoanalytic views of homosexuality, understandings of the goals and possible outcome shift. Much of the pastoral literature between 1950 and 1955 hinges on Millet’s notion that homosexuality is indeed a “tragedy,”—that is, unalterable if unfortunate. Its effects, such as guilt and emotional distress, can be treated. Hiltner’s writings in 1955 and in 1957 show the beginning of a shift in understanding the outcome of counseling with homosexuals. With

²⁵⁴ “The Consultation Clinic on the Church and the Homosexual,” 53.

²⁵⁵ Millet, “A Psychoanalyst’s Viewpoint on Sexual Problems,” 45.

the new notion of the “will to change,” Hiltner’s writings introduce a germ of possible sexual adjustment. This possibility is the key point of contention in understandings of pastoral counseling with homosexuals through the 1960s.

CHAPTER 4

American Psychiatry and the Pastoral Counseling of Homosexuals

*“The whole thing is screwy,” he said. “Here we are parked off the road, sitting in the car and making gay love like crazy, when I hear this knock on the window. I see the cop and almost die. But what does he do? You’ll die when I tell you! He waits for us to get dressed, then sits and talks to us like a Dutch uncle. He asks if we’ve ever seen a psychiatrist about our problem. Problem! I could have died!”*¹

—From Robert Lindner’s essay, “Homosexuality and the Contemporary Scene,” 1956

American psychologist Robert Lindner uses this vignette to illustrate the shifting cultural climate around the homosexual “no longer regarded by the public as a willful criminal but as a sick criminal.”² The police officer, the traditional custodian of the law, does not punish the men in the car for sexual misconduct. But nor does the officer ignore them. The officer refers the men to a psychiatrist—an act that illustrates the growing assumption that homosexuality is a medical problem.

Homosexuality is constructed as a medical problem in mid-century Christian pastoral writing. The summer 1949 issue of *The Journal of Pastoral Care* opens with an editorial entitled “A Christian View of Homosexuality.” Its argument takes shape around the relationship between medicine and moral culpability:

If we believe sex has the purposes which Christianity asserts, then the homosexual person needs help—not condemnation on the one hand, nor

¹ Robert Lindner, “Homosexuality and the Contemporary Scene,” in *Must You Conform?* (New York: Grove Press, Inc., 1956), 63, emphasis original.

² Ibid. Donald Lindman uses similar language in his unpublished thesis on homosexuality and pastoral counseling: “homosexuality is a form of mental illness, not the product of an amazingly degenerate human will, and it ought to be treated as such by the minister.” Donald E. Lindman, “Homosexuality: Dynamics and Therapy as it Concerns the Pastoral Counselor” (Bachelor of Divinity thesis, North Park Theological Seminary, 1960), 1. Many pastors considered the possibility that homosexuality was a “sickness,” and they deployed this possibility as an alternative to moral condemnation. See for example, René Bozarth and Alfred Gross, “Homosexuality: Sin or Sickness,” *Pastoral Psychology* 13, no. 9 (1962): 35-42, and Morton T. Kelsey, “The Church and the Homosexual,” *Journal of Religion and Health* 7, no. 1 (January 1968): 61-78.

whitewashing on the other. We say to him: ‘We know you are not basically responsible for the emergence of your condition. But now that you have become a man, you need special help to enable you to put away such things. For that we turn to science as well as religion. You are, from the Christian point of view, a sick man. Do not try to rationalize your condition, or defend it, any more than you would if you were a typhoid carrier... Get help on your problem, instead of wasting your energy denying it is a problem... Not condemning does not mean approving. You have a problem; try to solve it. Real help is possible.’³

This passage illustrates two prominent features in the new pastoral counseling literature that sought to foster a therapeutic attitude towards questions of homosexuality. The first is the notion that homosexuality is a soluble “problem,” and that Christianity performs its diagnosis. The passage shifts in its characterization of the matter at hand from language of “sickness” to “condition” and then to “problem.” The second is the notion that both “science” and “religion” are important in the treatment of this “condition.” Much of the pastoral literature after 1950 constructs matters pertaining to sex as issues requiring both medical and pastoral knowledge and expertise. In its embrace of modern psychiatry, psychology, and psychoanalysis, modern pastoral counseling was shaped not only by an embrace of new rhetoric and therapeutic techniques, but also by a translation or transformation of the matters at hand.

American pastors seriously engaged the notion that homosexuality required medical attention. For some, the construction of homosexuality as a medical problem prompted a reevaluation of traditional moral positions. The religious leaders who participated in a 1961 televised program on the “problem” of homosexuality suggest that moral condemnation is less effective than therapeutic approaches. “The Rejected” aired

³ “Editorial: A Christian View of Homosexuality,” *The Journal of Pastoral Care* 3, no. 2 (Summer 1949), 15-16.

on KQED in San Francisco.⁴ Homosexual rights organizations heralded the program for representing “the most outright un-wrapping of the subject of homosexuality” and for shattering the “conspiracy of silence which has so long shrouded this pressing social problem.”⁵ A booklet containing the transcript of the program was made available for purchase the day after “The Rejected” aired. The program brought together lawyers, psychiatrists, religious leaders, and members of the Mattachine Society. Anthropologist Margaret Mead opened the conversation with a discussion of ways culture and society pattern homosexual behavior.⁶ Like the police officer in Lindner’s vignette, many of the participants consider the significance of shifting understandings of homosexuality as a medical problem.

The Right Revered James A. Pike, Episcopal Bishop of California, opens his remarks by reflecting on limits of the traditional use of “the category of sin.”⁷ He explains that “we have learned much more about human behavior through the aid of the psychological sciences, and psychiatric- and psycho-analysis, and we recognize that very, very often this behavior is compulsive.”⁸ And since “there can be no sin unless there is freedom,” he states, “therefore, we do not judge all persons involved in this type of behavior as sinners, but rather, seek to help through pastoral counselling and referral to, and collaboration with psychoanalysts and other counselors of this type.”⁹ Bishop Pike

⁴ James Day, “Introduction & The Anthropologist’s Viewpoint,” *The Rejected* (A Transcript), written by John W. Reavis, Jr. (San Francisco: Pan-Graphic Press, 1961), 7.

⁵ Editorial, *The Mattachine Review* VII, no. 9 (September 1961): 2, 15.

⁶ Margaret Mead, “Introduction & The Anthropologist’s Viewpoint,” *The Rejected*, 8-9.

⁷ James A. Pike, “The Clergy: The Religious Viewpoint,” *The Rejected*, 23.

⁸ *Ibid.*

⁹ *Ibid.* Pike maintains a hold on the Church’s moral position and notes that the medical knowledge challenges the (legal) criminalization of homosexuality: “not because the Church was changing its mind and saying that homosexual behavior is an alternate way—it is just as good as

explains that the “person who is in this situation is like anyone else with an illness,” and he urges listeners to care for them “as such, with love and concern and interest; not casting them aside; not labeling them as evil.”¹⁰ Unlike moral condemnation, “any counseling pattern, whether pastoral, or in collaboration with an analyst” harbors the hope of “free[ing] the person so that he can make decisions.”¹¹ Through counseling, the individual is set free to “decide against this way of life.”¹²

This chapter turns to the institutionalization and popularization of constructions of homosexuality as a psychiatric matter. The upsurge of American psychiatry following the war shaped understandings of homosexuality at a massive scale. Churchly speech was no exception. Pastors took different positions on the meaning of homosexuality and on the nature of the treatment it required. They emphasized distinct concerns and offered different and at times conflicting advice on how to counsel homosexuals. Indeed, the extensive corpus of literature on Christianity and homosexuality frustrates attempts to generalize trends in arguments on the topic. This chapter argues that across a range of positions, American psychiatry set the parameters for conversations about pastoral counseling and homosexuality in the 1960s. Distinct differences in the psychiatric literature centered on understandings of the outcome of therapy. Was homosexuality a condition that could be “cured”? Or was the emotional distress tethered to it a product of

the heterosexual way—but because we recognize that not all things that are wrong or distortions of personality patterns should be crimes” (23).

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid., 24. Rabbi Alvin Fine of Temple Emanu-El in San Francisco makes a stronger claim for preserving traditional morality while noting the importance of treating homosexuality as an illness: “homosexual practice is still held to be immoral... we should regard and treat it as a psychological illness rather than as a crime.” Rabbi Alvin Fine, “The Clergy: The Religious Viewpoint,” *The Rejected*, 22.

social scorn? This disagreement over the outcome of therapy is illustrated in two psychiatric texts that were both Pastoral Psychology Book Club Selections:

“Now and then the hopes of sex variants are raised by the promise of some enthusiast that a ‘cure’ is available. For the protection of those who might be misled by such a promise it is necessary to emphasize the fact that there is no medicinal agent, no form of sex hormone therapy, and no method of physical treatment by which an habitual homosexual can become heterosexual” (427).

~George W. Henry, *All the Sexes*, 1955

“[I]t has recently been discovered that homosexuality is a curable illness... [H]omosexuality has an excellent prognosis in psychiatric-psychoanalytic treatment of one to two years’ duration, with a minimum of three appointments each week—provided the patient really wishes to change” (7, 188).

~Edmund Bergler, *Homosexuality: Disease or Way of Life?*, 1956

This chapter is divided into two main sections, each of which examine pastoral engagement with one of these two understandings of the outcome of treatment. The first section centers on the writings of George W. Henry and the pastoral counseling efforts under the George W. Henry Foundation. It shows how a meticulous physiological study that sought to correlate anatomical structures of genitalia with sex variant behavior was reworked into a book for pastors and theologians. It then traces the connection established between guilt, religion, and homosexuality in Henry’s influential article on pastoral counseling with homosexuals and in many of the foundation’s case histories. The second section centers on pastoral engagements with authors whom the Reverend Clinton Canon Jones named the “Apostles of Change”—psychiatrists who promulgated the idea that homosexuality was a disease that could be cured.¹ This section traces key contours of Edmund Bergler’s work and the pastoral reactions it elicited. It then turns to the work of

¹ Canon Clinton R. Jones, “The Pastoral Counselor and the Male Homosexual” (S.T.M. thesis, New York Theological Seminary, 1969), 71.

Canadian psychiatrist Daniel Cappon, who was commissioned to write a text on counseling with homosexuals for a pastoral counseling book series.

Sex Variants: Between Scientific Research and Therapeutic Service

George W. Henry was unique among American psychiatrists in that he wrote at length about pastoral counseling and homosexuality. In 1948, he established a foundation that worked with homosexuals and other “sex variants.” The foundation had clergy members on the board, and it engaged the religious concerns of many of its patients. Before the foundation was established, Henry undertook a meticulous medical and physiological research study under the Committee on the Study of Sex Variants.

The Gynecology of Homosexuality

The Committee on the Study of Sex Variants (1935-1941) included notable members such as Robert Latou Dickinson, Adolph Meyer, Lewis M. Terman, and Karl M. Bowman.² The Committee was founded

[t]o undertake, support and promote investigations and scientific research touching upon and embracing the clinical, psychological and sociological aspects of variations from normal sex behavior and of subjects related thereto, especially (but not exclusively) through laboratory research and clinical study.³

Eugene Kahn, Chairman of the Executive Committee, explains that the “general plan of approach embodied in this project” was introduced to the Committee members by a woman named Jan Gay, “who offered to bring a group of sex variants, as voluntary

² For extended discussions of the Committee on the Study of Sex Variants, see Jennifer Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society* (Chicago: The University of Chicago Press, 1999), 178-267, and Henry L. Minton, *Departing from Deviance: A History of Homosexual Rights and Emancipatory Science in America* (Chicago: The University of Chicago Press, 2002), 2-121.

³ Description written by Eugene Kahn, Chairman of the Executive Committee, Committee for the Study of Sex Variants, Inc., in his Foreword to George W. Henry, *Sex Variants: A Study of Homosexual Patterns*, One-Volume Edition (New York: Medical Book Department of Harper & Brothers, 1948).

subjects for study, into contact with the research group.”⁴ Henry notes that the cooperation of the subjects of the study “was elicited primarily through the efforts of Miss Jan Gay who made contact with and interviewed prospective subjects.”⁵ The results of the study were published under Henry’s name in 1941 in a two-volume work entitled, *Sex Variants*.

Henry expresses reservation about publishing the results of the study in the book’s introduction:

I must admit that I present these volumes with some misgiving. I am aware that there are few topics which arouse personal feelings as quickly as that of sexual maladjustment. I would like to believe that this subject could be considered as objectively as other medical problems but I am certain that this is as yet not possible.⁶

He discusses the publication of Havelock Ellis’s “*Studies in the Psychology of Sex*” (1897–1928) and comments on the publisher’s arrest shortly after the book appeared in England for publishing and selling “a wicked, bawdy, and scandalous, and obscene book... intending to vitiate and corrupt the morals of the liege subjects of our Lady the Queen.”⁷ Henry publishes *Sex Variants* anyway. He notes connections between scientific research and social and legal discourse. Many of the subjects who “welcomed an opportunity to participate in a scientific and medical study of their development and of their problems” hoped that the study might produce “a more tolerant attitude of society

⁴ Kahn, “Foreword,” v-vi. According to Minton, “Helen Reitman” was her real name and she might have chosen “Jan Gay” because “gay” was a common code word. Minton, *Departing from Deviance*, 34. Gay had evidently been in contact with the Committee’s founder, Robert Latou Dickinson, who was a prominent gynecologist, pioneer in sex research, and leader of the American Birth control movement. When Gay contacted Dickinson, she had collected three hundred case histories of lesbians over a ten-year period. See Minton, *Departing from Deviance*, 34, and Terry, *An American Obsession*, 182-4, 191-2, 195.

⁵ Henry, *Sex Variants*, xii.

⁶ *Ibid.*, xiv.

⁷ Havelock Ellis, Foreword to *Studies in the Psychology of Sex* (1936), quoted in Henry, *Sex Variants*, xviii.

toward them.”⁸ Historian Henry Minton writes that Jan Gay’s impetus for pursuing the study was influenced by German sexologist Magnus Hirschfeld, and his work which was motivated by the phrase, “*Per scientiam ad justitiam*” (Through knowledge/science to justice).⁹ Eugene Kahn addresses the inadequacies of current “punitive measures” in his foreword to the book, and he argues that just such a study is necessary “if progress in the prevention as well as in the treatment of sexual maladjustment is to be achieved.”¹⁰

The intended audience of *Sex Variants* is made clear. The book was published by a medical press with an inscription at the beginning just under the book’s dedication that reads: “THE MATERIAL IN THIS BOOK HAS BEEN PREPARED FOR THE USE OF THE MEDICAL AND ALLIED PROFESSIONS ONLY.”¹¹ The medical study involved physical examination, psychological examination, interviews, and autobiographical reflection. The book is divided into extensive case histories of eighty “of the more informative” people studied.¹² The case histories take up over one thousand pages. They are divided in half, forty of the subjects are women, forty are men. Each half is further divided into three categories: bisexual cases, homosexual cases, and narcissistic cases. The case histories are structured by the following components: General Impressions, Family Background, Personal History; summaries of the Physical Examination, Examination of Semen (in men who submitted samples), Gynecological Examination, X-ray Examination; results of the Terman and Miles Masculinity-Femininity test; Further Comment on the case; and a concluding Résumé of the case.

⁸ Henry, *Sex Variants*, xii.

⁹ Minton, *Departing from Deviance*, 271-2, 3.

¹⁰ Kahn, “Foreword,” v.

¹¹ Henry, *Sex Variants*, iv.

¹² *Ibid.*, xiii.

Henry's introduction sketches components of the physical examinations that were performed on subjects of the study.¹³ The choppy, fast-paced rhythm of the physical examination results is reflected in the case of Donald H., a male bisexual whose mother "had Oscar Wilde on the brain."¹⁴

Athletic boyish type. Soft masculine face, moderately immature. Teeth crowded. Ears relatively small, lobule adherent. Eyes brown; optic discs circular. Skin thick and smooth. Hair fine; excess on chest, abdomen, upper and lower back, thighs and legs; shaving at 14, daily. Chest normal. Heart average size; rate 74. Radials, brachials, and retinals normal. Breasts, nipples, and areolae medium. Muscles large and soft. Fat, moderate on shoulders, girdle, and buttocks. Skeleton heavy. Height 184 cm. Weight 84 kg. Torso-leg ratio 52 x 100 x 105. Biacromial 43.5 cm. Biicristal 27.5. Interspinal 32 cm. Carrying angle moderate. Phallus short and thick; no prepuce. Testicles large and firm. Anal sphincter partially relaxed (operation).¹⁵

Donald was one of the male subjects who opted to submit a semen sample. The summary of his semen examination is written in a similar tone, if more descriptive:

Semen specimen: Volume 5 cc. Slight viscosity by drop; opaqueness normal. Microscopic examination: rich cell content with occasional leukocytes and testicular cells. Eighty per cent of cells are motile, and large numbers of those exceptionally rapid; motility well sustained, a moderate number continuing at twentieth hour. The morphology is characterized by large numbers of slender, tapering cells as differentiated from the normal oval. Such cells estimated as at least 35 per cent of total. According to certain observers these calls indicate deficient spermatogenesis when in such large numbers. This represents the only divergence from normal fertility findings.¹⁶

These summaries in male subjects are notably different from the summaries included in the case histories of female subjects.

¹³ He writes, "All of them had x-ray examinations of the head, with special reference to the sella turica, the sinuses, the thickness and angularity of the cranium; of the chest, to supplement other morphological data; of the pelvis, because of the obvious differences in the male and female pelvic structure. About one third of the group permitted photographs in the nude to be taken. These photographs supplement morphological and other data useful in endocrinologic evaluation. A number of the men submitted specimens of semen for special examination." Henry, *Sex Variants*, xiii.

¹⁴ *Ibid.*, 29.

¹⁵ *Ibid.*, 37.

¹⁶ *Ibid.*

All of the women in the study were given pelvic examinations. Dr. Moench, who administered the examinations, made “tracings” of the vulvae by “laying a glass plate on the vulva, and outlining the external genitals upon it in soft crayon—then tracing this outline on the record sheet.”¹⁷ Robert Latou Dickinson comments on the need for such drawings in his illustrated appendix, “The Gynecology of Homosexuality”:

The descriptive terms used in the histories can only thus be clearly understood, because many of these terms, and the conditions they define, are neither in the texts nor the pictures contained in works on anatomy or gynecology. To the average anatomist or specialist in the diseases of women *a vulva is a vulva*, and nothing more.¹⁸

Dickinson explains that since Moench’s drawings “did not embody any detail of structure,” he was “compelled” to relate her “measurements and descriptions” to “reproductions of drawings from [his] own case-records” which were “exactly to scale.”¹⁹ Thirty pages of Dickinson’s “pen-drawings” are reproduced in the appendix.²⁰

The summary of the gynecological examination of Mae C., a bisexual case, shows markedly different language from that used for semen, the phallus, and the testicles:

The vulva, with dusky flush and wetness, shows very conspicuous, protruding labia minora, which (in this blonde) are deeply pigmented, and a wrinkled prepuce (Fig. 21). The clitoris is 2 mm. by 4 mm. when flaccid, and 9 by 4 mm. when erect. The hymen is gone, the opening admitting three fingers, three joints, with a relaxed pelvic floor and distensible vagina five years after delivery.²¹

The summary uses rather imprecise quantities of measurement for a vaginal opening that “admit[s] three fingers, three joints.” It portrays the color and climate of a vulva “with dusky flush and wetness,” and the researchers’ surprise that the labia minora of a

¹⁷ Robert Latou Dickinson, “The Gynecology of Homosexuality,” appendix to *Sex Variants*, 1099.

¹⁸ *Ibid.*, my emphasis.

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ Henry, *Sex Variants*, 580.

“blonde” were “deeply pigmented.” This imagery is supplemented with morphological descriptions of a “wrinkled prepuce” and of “conspicuous, protruding labia minora,” which are included in Dickinson’s illustrated appendix.

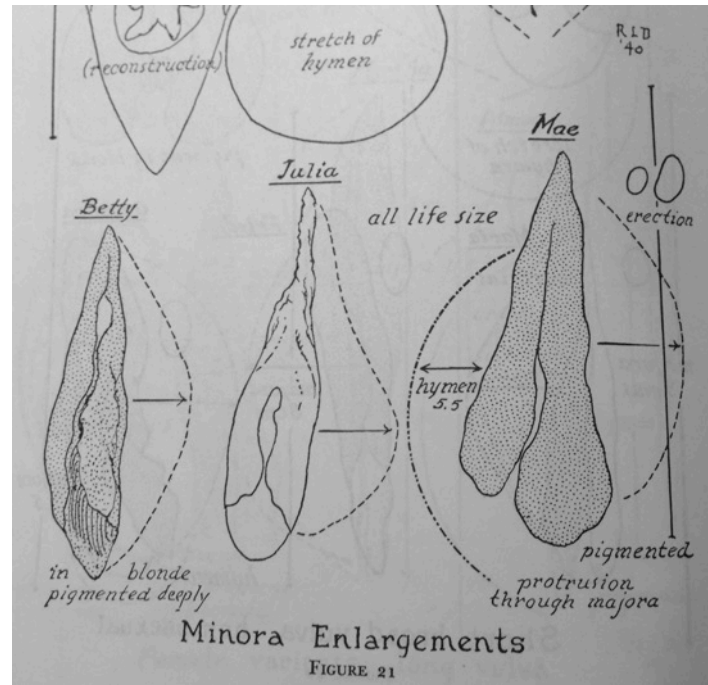


Figure 4. This image shows “Minora Enlargements” drawn by Robert Latou Dickinson in the appendix to *Sex Variants* (image scale is reduced).²²

The commentary on colors, textures, and morphologies of female genitalia is more detailed, more vivid, and more evocative than the rhetoric used in descriptions of semen, phalluses, and testicles. Florid prose enveloping female genitalia in different cases describe the prepuce as “brawny,” “corrugated,” “markedly wrinkled,” and “[lying] in smooth curtains.”²³ The vagina as “smooth,” “distensible,” and “partly rugose.”²⁴ The vulva as “[showing] a very dark flushing” and as “long, with most dusky of flushes and free flow of glairy mucous”²⁵ Labia, as “deeply pigmented,” “in hanging curtains,” and as

²² Robert Latou Dickinson, “The Gynecology of Homosexuality,” 1120.

²³ Henry, *Sex Variants*, 568, 598, 568, 660.

²⁴ *Ibid.*, 988, 988, 568.

²⁵ *Ibid.*, 660, 649.

“[protruding] in pronounced, thick preputial curtains.”²⁶ In contrast, the (presumably flaccid) “phallus” is given just one measurement in centimeters (length, occasionally length and width) and a vague size category (large, medium, or small). Testicles are classed by the same size categories, occasionally supplemented with a measurement or brief comment on firmness. In some male subjects, the summary addresses the elasticity of the sphincter with brief descriptors like “normal,” “partially relaxed,” or “moderately tight.”²⁷

The summaries indicate much more interest in the morphologies of female genitalia. While the dimensions of the phallus are recorded at just one length, dimensions of the clitoris are provided in both flaccid and erect states. The descriptions of male genitalia are marked by a notable absence of commentary on color, texture, shape, and secretions, and even of precise technical language for the male sexual organ and its component parts (“penis,” for example, is absent). It is as if the anatomical imagination of the penis does not stand in need of correction: a phallus is a phallus. Or its variation is more well-known. Or irrelevant. Actually, in some women, gynecological comment is altogether absent. For Caroline E., a bisexual case, the summary simply reads, “Pelvic examination revealed nothing unusual.”²⁸ This seems to suggest that “normal” genitals require no elaboration, and that all of the discourse on colors, textures, and resemblances to curtains constitutes a gynecological *pathology*—one that harbored the possibility of correlating female genital variation with sexual behavior.

Henry notes a link between female genital morphology and sexual practice in a study by Katherine Davis conducted around the year 1900. Henry writes that this study of

²⁶ Ibid., 948, 979, 933.

²⁷ Ibid., 168, 37, 181.

²⁸ Ibid., 609.

2200 women “could have been christened the pioneer factual analysis of sex-life.”²⁹ The Davis study showed a “[c]ertain striking *likeness in genital anatomical morphology in autoeroticism and homosexual practice.*”³⁰ In pursuit of similar connections, a summary of the “local findings in women sex variants” is included in Dickinson’s appendix:

The rather consistent findings are *hypertrophy of the prepuce* (or shrinkage of former hypertrophy); *the clitoris of large size*; *the clitoris clearly erectile*; and, *during examination, a pronounced dusky flush of inner vulvar surfaces together with free secretion of clear, glairy mucous.*³¹

The researchers note that these “*genital findings*” might “*point to, but do not in and of themselves, enable the examiner to make a definite diagnosis of homosexual practices.*”³²

They note that these findings might be the result of “[h]omosexual digital or oral play,” but also of “[v]ulvar and vulvovaginal self-friction” or even “[h]eterosexual manual or coital techniques, singly, or in any combination.”³³ While “nothing is diagnostic about [these] findings which excludes other causes,” the researchers write that there is “*evidence in flush, wetness and clitoris erectility, plus large size of the prepuce and of the glans of the clitoris and of the labia minora*, which would lead the examiner to bear in mind the possibility of homosexual methods of considerable duration and frequency.”³⁴ “The Gynecology of Homosexuality” ends with the possibility that female genitals are marked by what they do, that the gynecologist reads sexual practice on the body.³⁵

²⁹ Dickinson, “The Gynecology of Homosexuality,” 1069.

³⁰ *Ibid.*, emphasis original.

³¹ *Ibid.*, emphasis original.

³² Henry, *Sex Variants*, 1080, 1074, emphases original.

³³ *Ibid.*, 1080.

³⁴ *Ibid.*, 1080-1081.

³⁵ There was evidently no comparable attempt to correlate physiologies of male genitalia with sexual behavior. The closest inquiry was a vague attempt to correlate pelvic dimensions in both male and female sex variants which suggest that “the male variant pelvis has less funneling than the average male and that the internal transverse dimensions of the inlet and outlet in women sex variants are smaller than the corresponding dimensions in the obstetrical patients” (1065).

The most detailed and interesting depiction of sexual behavior is in the narratives recorded in subjects' "Personal History." Henry describes the interview technique.³⁶

Personal histories are "recorded in autobiographical style," "composed almost entirely of statements made by the subject which [Henry] edited to make a connected history."³⁷ In presenting the histories this way, Henry notes that he is able to "[preserve] the language of the subject."³⁸

A majority of each case history is constituted by extensive, detailed, candid, and at times excessive sexual narratives. Consider these reflections from Rose S., a female narcissistic case:

I pretended I was a man and that I had a penis which penetrated the other woman. She pretended that also. With her body against mine and the clitoris against the clitoris the feeling that we were men was much more exciting than just using the finger... Some of the women wanted me to bring an artificial penis back from Europe. There is a mad desire to penetrate a woman, especially when you are not able to. They use anything they can find, anything that resembles a man's organ. There were a lot of things we did. Sometimes we put a finger in each other's mouth and pretended it was a penis. The mind reacts as if it were a penis. We practised sodomy with the fingers just as a man inserts the penis. I don't remember whether we used one or two fingers. I didn't like it. If the second woman gave me an enema or a douche she would get excited. Sometimes we inserted a breast into the vagina. The chin or the nose was inserted into my vagina by both of these women... Sometimes we used a candle. We bent it so that part of it penetrated me and the other part penetrated her. It excited you a lot if you can feel that you penetrate. It gave her a lot of excitement.³⁹

The personal histories chronicle sexual thoughts, desires, and practices at length and in great detail.

³⁶ He writes, "In the initial psychiatric interviews a modified free association method was used. With an occasional suggestion or question the subject was led to talk freely and spontaneously about himself and his family and a verbatim shorthand record was made of his remarks. The note-taking instead of inhibiting the subject usually had the effect of giving him the feeling that everything he had to say was of value. The notes were taken by the psychiatrist who showed no reaction to what was divulged other than interest." Henry, *Sex Variants*, xii.

³⁷ *Ibid.*, xiii.

³⁸ *Ibid.*, xiii.

³⁹ *Ibid.*, 928-929.

Nathan T., a male homosexual case, recalls the way in which his religious beliefs shaped his feelings around early sexual exploration:

Within the next few years my favorite game with a small group of boys was that of playing doctor. In this game we minutely examined each other's sexual organs and indulged ourselves in manual and oral stimulation. This happened in my father's barn in bad weather. Sometimes we used the thighs in a sodomy position. I experienced vague sexual pleasure except that using my mouth was unpleasant and I did it simply because it was one of the rules of the game... At thirteen I started mutual masturbation with a boy a year younger... When I first achieved an orgasm through this manipulation I was elated. The other boy had not matured as yet. He was shocked and thought it was shameful. After continuing for a while with this I felt a little guilty. I was quite religious at that time and that kept me from masturbating myself. I had been doing it twice a day and I developed a terrific conscience about it. Once I was caught at it and given a lecture. I believed all the stories about becoming impotent and going crazy.⁴⁰

Though religion is not a common theme in *Sex Variants*, it appears in this case in which Nathan T. connects feelings of guilt over his sexual practices to his moral-religious beliefs. Henry's later work, *All the Sexes*, engages religion and the therapeutic role of the pastor in much more detail.

The Varieties of Sexual Experience

All the Sexes (1955) was sometimes characterized as a more general or popular version of *Sex Variants*. In his foreword to *All the Sexes*, Presbyterian minister David E. Roberts explains that “[w]hereas [Henry’s] two-volume work, *Sex Variants*, was designed for a limited group of scientifically trained readers, *All the Sexes* deals with problems of human masculinity and femininity in language which any interested layman can understand.”⁴¹ Henry is more reserved in his characterization of the intended audience in the Annual Report of the Foundation in the year of its publication. He explains that *All the Sexes* has a “somewhat less restricted circulation than the psychiatric

⁴⁰ Ibid., 111-112.

⁴¹ Roberts, “Foreword” to George W. Henry, *All the Sexes: A Study of Masculinity and Femininity* (New York: Rinehart & Company, Inc., 1955), vii-viii.

texts hitherto coming from [his] pen, but [it should] not... be regarded as a work for popular consumption.”⁴²

Roberts, who was a member of the Foundation’s board of directors, casts his foreword to *All the Sexes* as a justification for its authorship by a “Professor of Theology.”⁴³ He gives three reasons. First, because “[m]ental health is, in a sense, everybody’s business.”⁴⁴ Second, because Henry’s work calls attention to “the inescapable connection between psychiatry and—for want of a better phrase—public morals.”⁴⁵ Third and most interesting, Roberts suggests that the rise of pastoral counseling catalyzed pastoral interest in sex. He notes that through the “rapid growth of interest and training in pastoral counseling,” a “significant portion of the clergy are developing enlightened views toward neurosis and psychosis in general, and toward sexual problems in particular.”⁴⁶

Roberts addresses past failures of the Church to engage sexual matters: “At the risk of offending some readers I must admit that in connection with sexual matters generally, and sexual aberrations specifically, the Church has often tended to be peculiarly irrelevant and floundering.”⁴⁷ Against this tendency, Roberts explains that there are “ample resources in the Jewish-Christian tradition” and that “pastors and churchmen will need increasingly to learn how to cooperate effectively with psychiatrists, and Dr. Henry has shown, in his clinical work and in his writing, that he has already met

⁴² Seventh Annual Report of the George W. Henry Foundation (1955), 9, George W. Henry Foundation Archives, Box 3, Folder 16, Elihu Burritt Library, New Britain, Connecticut.

⁴³ Roberts, “Foreword,” vii. Roberts is listed as a member of the Foundation’s board of directors in 1954 and 1955.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*, viii.

⁴⁶ *Ibid.*, ix.

⁴⁷ *Ibid.*, x.

them halfway.”⁴⁸ With echoes of Roberts’ sentiments, the editors of *Pastoral Psychology* selected *All the Sexes* as “the Pastoral Psychology Book Club Selection for July” in the same year as the book’s publication “because of its importance.”⁴⁹

Henry opens his introduction to *All the Sexes* with reflection on the book’s title: “The title of the book has provoked amusement, and there have been objections that it is too facetious.”⁵⁰ Facetious, because it makes no attempt to list or identify anything like *all* the sexes. This is a key point for Henry. Though he is reluctant to make general or theoretical claims in *Sex Variants*, he articulates the major significance of *All the Sexes* in the introduction:

[I]t is scientifically inaccurate to classify humans as ‘masculine’ or ‘feminine’; each individual is an incalculable complex of masculinity and femininity. Every man possess feminine attributes; every woman is, in some respects, masculine. Human beings represent imperceptible gradations between the theoretical masculine and the theoretical feminine. In dealing with actual individuals, rigid adherence to a theoretical classification is, fortunately, seldom necessary. The apparently facetious title, *All the Sexes*, attempts to convey the idea of gradation from masculinity to femininity.⁵¹

The passage notably conveys a sense of gender as something that varies across a spectrum rather than as an easy binary (even if it is anchored in a binary logic). But distinctions between notions like “sex variant,” “masculinity,” and “femininity” do not translate into analytically precise contemporary equivalents.⁵² Henry’s use of “sex

⁴⁸ Ibid.

⁴⁹ *Pastoral Psychology* VI (1955): 31.

⁵⁰ Henry, *All the Sexes*, xi.

⁵¹ Ibid., xii-xiii.

⁵² Terry suggests that the very term “sex variance” is a key place to consider the Committee’s understanding of gender. She explains that the Committee moved “away from the mutually exclusive categories of the two sex model toward a more fluid paradigm based on statistical averages” in which one can see “variations across a spectrum or continuum between pure masculinity and pure femininity” (180). The Committee proposed that from an empirical perspective, one would never encounter pure femininity in an individual. But from a statistical perspective, the Committee proposed that most women would be clustered around the feminine

variant” refers at some points to variations in masculinity and femininity, while at other points it refers to variations in sexual practice. But for Henry, the descriptive use of categories is perhaps no less instructive than their failures.

All the Sexes opens with three “illustrative cases” of individuals whose names are not listed in *Sex Variants*: Joseph, an exhibitionist; Esther, a bisexual; and Ralph, a homosexual.⁵³ The cases include two components—autobiographical reflection on personal history and Henry’s analysis. The narratives are more tempered in sexual content than the narratives in *Sex Variants*. “Crushes” and “love affair[s]” are described, not “[penetration] from the rear in dog fashion” or “[i]nsertion of the tongue into the rectum.”⁵⁴ Henry comments on matters like the masculine and feminine features of some individuals in *All the Sexes*, but he does not include the exhaustive lists of anatomical features, commentary on the opaqueness and viscosity of semen, or results of psychological tests that are included in *Sex Variants*. Many of the individuals discussed in *All the Sexes* were likely not subjects of the research study, but rather clients sent to the Foundation.

Elements from different cases are woven throughout *All the Sexes*, but the text is largely arranged by topic rather than by individual. Whereas *Sex Variants* lists only bisexual, homosexual, and narcissistic cases, *All the Sexes* includes a longer list of “Types of Adjustment”: Narcissism, Homosexuality, Bisexuality, Heterosexuality,

end of the spectrum and that most men would be clustered around the masculine end. “Sex variants” were people who fell between the two poles of masculinity and femininity. They were people who, as Terry has it, “[exhibited] physical, behavioral, and attitudinal characteristics common to the opposite sex” (181). She explains further that sex variants would “invert, what we would call, in contemporary analytic terms, their proper gender role” (181). Terry, *An American Obsession: Science, Medicine, and Homosexuality in Modern Society*, 1999.

⁵³ Henry, *All the Sexes*, 4-10, 10-16, 16-25.

⁵⁴ *Ibid.*, 17, 6. Henry, *Sex Variants*, 53, 55 (see also 646).

Transvestitism, Fetishism, Androgyny, and Sadism and Masochism.⁵⁵ Several of these are mentioned in the DSM I (1952) entry under “sexual deviation.” This first edition of the DSM described “sexual deviation” as a single disorder designating a “deviant sexuality” that was indicated by several forms of “pathologic behavior,” among them, homosexuality, transvestism⁵⁶, and sexual sadism.⁵⁷ Henry does not list these types of adjustment as disorders; rather the categories are used to convey some of what Gross later calls “the varieties of sexual experience.”⁵⁸

Henry forges a definition of the “sex variant,” but not until the final chapter. “The sex variant is an individual who has failed to achieve and maintain adult heterosexual modes of sexual expression and who has resorted to other modes of sexual outlet.”⁵⁹ This is almost identical to the definition included in *Sex Variants*, except that *All the Sexes* uses “individual” instead of “person” and “sexual outlet,” a phrase perhaps appropriated from Kinsey, instead of “sexual expression.”⁶⁰ Henry comments on the restrictions of further division into types: “Since all classifications are arbitrary, and since there are many variables and exceptions in sex problems, the differentiation of groups is especially

⁵⁵ Henry, *All the Sexes*, 52-120.

⁵⁶ The term Henry uses, “transvestitism,” later replaced “transvestism” in the DSM-II (1968). But the DSM-III (1980) shifts again in its use of the earlier term, “transvestism,” which is used alongside “transsexualism.” The DSM-R (1987) drops the term, “transvestism,” and discusses only “transvestism” and the newly identified, “transvestic fetish.” The DSM-IV (1994) includes an entry for “Transvestic Fetishism,” while the DSM-V (2013) lists a “Transvestic Disorder,” with instructions to specify if manifesting “with fetishism” or “with autogynephilia.”

⁵⁷ Perhaps the most significant shift from the DSM-I to the DSM-II (second ed. 1968) in their descriptions of sexual pathology is the shift from “sexual deviation” to a list of “sexual deviations.” In the DSM-I, “sexual deviation” designates a single disorder that is indicated by several pathological behaviors. In the DSM-II’s entry listing the “sexual deviations,” the items listed are no longer behaviors symptomatic of one condition. Rather, the behaviors are now classed as disorders in themselves. And they have multiplied: homosexuality, fetishism, pedophilia, transvestitism, exhibitionism, voyeurism, sadism, masochism, other sexual deviation, and unspecified sexual deviation. DSM-I, 38-39, DSM-II, 44.

⁵⁸ Twenty-First Annual Report of the George W. Henry Foundation (1969), 18.

⁵⁹ Henry, *All the Sexes*, 581.

⁶⁰ Henry, *Sex Variants*, 1023.

difficult. Differentiation can be made on the basis of behavior and degree and quality of desire.”⁶¹ For Henry, division into types of sexual adjustment does not indicate sameness across cases. “No two homosexuals are alike, and ‘normal’ is an ambiguous term because it covers a wide range of individual variation.”⁶² Henry argues for variation even within the presumed “normal” category of heterosexuality:

It is commonly assumed that an affectionate sexual union of two adults of opposite sex, provided the union is not incestuous, is a ‘normal’ or heterosexual relationship. Only a little inquiry reveals that such a union is experienced under many different conditions and in many varied forms.⁶³

Henry argues that heterosexuality in fact “lends itself to greater flexibility than any other form of sexual expression.”⁶⁴

Henry’s emphasis on the need to bear in mind the myriad forms of sexual expression even within a given category interestingly shapes his conceptual thought about homosexuality. Given the emphasis that he places on studying particular individual circumstances, it may seem odd that he introduces a threefold typology of male homosexuals: the orderly, the hoodlum and the fairy.⁶⁵ Henry attributes the widespread social misconceptions about the homosexual to what he calls “the sins of the ‘fairies’.”⁶⁶ Gross elaborates on this “popular notion” of “a preening, mincing little man, effeminate in speech, manner and behavior” in an address delivered to the pastoral counseling

⁶¹ Henry, *All the Sexes*, 53.

⁶² *Ibid.*, xii.

⁶³ *Ibid.*, 79.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*, 303. This typology was originally published in George W. Henry and Alfred Gross, “Social Factors in the Case Histories of One Hundred Underprivileged Homosexuals,” *Mental Hygiene* 22, no. 4 (October 1938).

⁶⁶ Second Annual Report of the George W. Henry Foundation (1950), 3.

students at Yale Divinity School in 1957.⁶⁷ In contrast to popular imaginaries of the “fairy,” Henry explains that

[p]ractically all of the men who come to the Foundation offices do not appear a whit different from the ordinary run of the population, so far as the externals of appearance and behavior can be observed.⁶⁸

The three male homosexual characters function heuristically like ideal types used to illuminate certain features at points, but they also function as a device to manage (and unravel) readers’ assumptions and expectations about the features and behaviors of male homosexuals. The proliferation of types of adjustment and types of sexual characters is, perhaps, also their negation.

Henry expresses hesitancy to draw conclusions from the mass of case material collected in *Sex Variants*.⁶⁹ He makes general remarks in an appendix of less than six pages and addresses the limited utility of any remarks he can propose: “In dealing with a particular sex variant no general principles can be applied until the person has been thoroughly studied in a way comparable to the studies included in these volumes.”⁷⁰ The final chapter of *All the Sexes* entitled, “General Impressions,” reproduces much of the material from the appendix to *Sex Variants*. Both concluding reflections suggest that “the laws dealing with the sex variant have little therapeutic value.”⁷¹ Both address the protection of children, children’s need of proper “training for adult heterosexual life,” and

⁶⁷ Gross, “An Ethical Approach to the Problem of Sexual Deviation,” 62.

⁶⁸ Second Annual Report of the George W. Henry Foundation (1950), 3.

⁶⁹ He writes, “I have tried to state the facts without personal bias and I feel some hesitation in adding a few general impressions lest the reader be influenced in his own interpretations.” Henry, *Sex Variants*, 1023.

⁷⁰ *Ibid.*

⁷¹ Henry, *All the Sexes*, 587. Cf. Henry, *Sex Variants*, 1028: “With few exceptions the laws dealing with the sex variant have been of little value. Experience has demonstrated abundantly that such punishment as is administered by confinement in penal institutions is likely to make the sex variant a less desirable citizen by the time his term of imprisonment expires.”

the effects of relative degrees of masculinity and femininity in parents on children.⁷² Both consider factors that might contribute to the formation of a sex variant and possible indications or “[c]lues as to the potentialities of a person.”⁷³ Finally, both address the unintended effects of religious and moral precepts. In the appendix to *Sex Variants*, Henry writes, “Religious and moral taboos regarding heterosexual association unwittingly contribute to the development of the sex variant.”⁷⁴ In *All the Sexes*, he drops “unwittingly.”⁷⁵

Henry’s notion that the “sex variant seems to be, in part, a by-product of civilization” is more fully expressed in *All the Sexes*.⁷⁶ The clinical discourse is laced with mythical-historical accounts of the origins of modern sexual morality. Henry describes fourth-century Christian involvement with flagellation, the effects of “the Christian doctrine of chastity” on remnants of Greek sexuality in the Roman Empire, and punishments for sexual offenses in Leviticus, which he notes are no less draconian than the severe penalties in some English-speaking countries.⁷⁷ Henry determines that “[s]exual adjustment has been a problem since primitive times, and it probably always will be,” and that contemporary “Western culture, with its tendency to conceal sex because of its shameful aspects, has made it difficult for us to deal with it objectively or even to permit of its expression in ways that are conducive to health.”⁷⁸

Guilt Feelings and Sins of the Flesh

⁷² Henry, *All the Sexes*, 583; Henry, *Sex Variants*, 1025. Henry, *Sex Variants*, 1027; Henry, *All the Sexes*, 585. Henry, *All the Sexes*, 582; Henry *Sex Variants*, 1024.

⁷³ Henry, *Sex Variants*, 1023-4; Henry, *All the Sexes*, 585.

⁷⁴ Henry, *Sex Variants*, 1026.

⁷⁵ Henry, *All the Sexes*, 585.

⁷⁶ *Ibid.*, 581.

⁷⁷ *Ibid.*, 115, 379, 423.

⁷⁸ *Ibid.*, 527, 521.

The annual reports of the George W. Henry Foundation included case histories as concrete illustrations of the Foundation's therapeutic work. The fourth Annual Report (1952) marks a shift in the manner of presenting cases from including twenty brief sketches to presenting four more elaborate histories.⁷⁹ The fourth case that year, "Guilt Feelings Canalized," centers on Gordon⁸⁰, a theological seminary student worried that his sexual practices were in conflict with his religious vocation. For Gordon, reflection on his involvement "in homosexual practise" with "young hoodlums" and "boy prostitutes" prompted the question of whether he should leave the Seminary.⁸¹

Gordon contacted the Foundation, which "refused to think for him."⁸² Though an "attempt was made to give him some insight into his masochism," no particular course of action was recommended.⁸³ Henry's report narrates Gordon's self-driven progress over a two-year period as he struggled to understand his motives for seeking companionship with "the hoodlum male prostitutes."⁸⁴ But the struggle had not compromised his academic success, and Gordon explains that every time he decided to approach "the Seminary officials" to confess his actions and to withdraw from school, he found himself "impelled to stay a while longer [to] see if he could, of his own unaided efforts, overcome this particular incubus."⁸⁵

⁷⁹ Fourth Annual Report of the George W. Henry Foundation (1952). Henry writes further that the shift in style will allow the report "to present the stories of the men at somewhat greater length, giving clearer idea of what was involved in each case, and hoping thereby to give the reader something more of the man, the world in which he lived and moved, and what was done to help" (11).

⁸⁰ The Annual Reports change names and omit identifying data; I maintain the pseudonyms used in the Reports.

⁸¹ Fourth Annual Report of the George W. Henry Foundation (1 April 1952), 17-18.

⁸² *Ibid.*, 17.

⁸³ *Ibid.*, 18.

⁸⁴ *Ibid.*

⁸⁵ *Ibid.*

The report is written two months before Gordon's graduation. Henry notes Gordon's "probable" ordination and his waning "visits to the district."⁸⁶ Gordon found companionship among "friends of his own social station" with whom he could "discuss his problem freely and fearlessly."⁸⁷ He found his personal struggle useful in understanding others "who call upon him for help with their personal problems."⁸⁸ Henry's narrative of Gordon is cast as something of a success story, though Henry is emphatic that Gordon "still has a long way to go" before finding a "final solution for his psychosexual activities or anxieties."⁸⁹ For Henry, the Foundation's work with Gordon is successful because he was "helped to a more realistic view of his situation."⁹⁰

But illustrating Gordon's insight into his situation is not the only rhetorical or pedagogical function of this case history. Gordon's trepidations, anxieties, and concerns are collectively denoted by a phrase in the title of the case history: "guilt feelings." The cases preceding this one in the 1952 report (and many cases in later reports) typically begin either with one sentence that presents the general significance of the case or with one sentence that introduces the individual. Henry breaks with his writing convention by opening Gordon's case history with a full paragraph devoted to the general topic of "guilt feelings":

Those who are familiar with our work are aware of the role played by guilt feelings in the life and conduct of the homosexual. These may roughly be compared to what St. Paul called his thorn in the flesh. No homosexual can ever completely inhibit his feelings of guilt and his own unworthiness. No matter how much he may attempt to convince himself that he must live his own life as best he

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

⁹⁰ Ibid.

can, he can never emancipate himself from the feeling that his behavior, condemned by both Church and State, is essentially evil.⁹¹

Henry uses a religious image to portray homosexual “guilt feelings” as persistent and as embodied. The second paragraph again identifies a connection between guilt, homosexuality, and religion: “The problem of guilt takes on an important theological coloring when it is possessed of a homosexual component.”⁹² The connection between religion, guilt, and homosexuality is common in many of the cases. Two attempted suicides, both linked to the phrase, “the wages of sin is death,” are anchored in manifestations of guilt—a bi-sexual who had “experienced considerable guilt” and had “attempted to end his life by taking poison” and a “guilt-ridden” “coloured clergyman” who had “slashed his wrists.”⁹³ Another individual who “refuse[d] to accept that he is a drug on the homosexual market” struggled with “homosexual guilts” and made a failed attempt at sexual abstinence after listening to a “revivalist preacher” who “inveighed against those who engaged in the sins of the flesh.”⁹⁴ The alleviation of guilt, “guilt

⁹¹ Fourth Annual Report of the George W. Henry Foundation (1 April 1952), 17.

⁹² Ibid.

⁹³ Eighth Annual Report of the George W. Henry Foundation (1956), 42, 41. Twenty-first Annual Report of the George W. Henry Foundation (1969), 12.

⁹⁴ Seventeenth Annual Report of the George W. Henry Foundation (1965), 23, 22. Henry died in May of 1964, the Annual Report that year was the last one that he wrote. The subsequent reports are co-authored by Alfred Gross and Ruth Berkeley, who was first Henry’s student at Cornell University Medical College and later succeeded him at the psychiatrist in chief of the Henry Foundation. Though the reports are signed by both Gross and Berkeley, Gross’s authorial voice is notable. Some have written on the possibility that Gross wrote several articles and chapters that are attributed to Henry.

feelings,” and “homosexual guilts”⁹⁵ was a major therapeutic aim of the Foundation, and it was a central function the pastors who worked for it.⁹⁶

Alfred Gross, Executive Secretary of the Foundation, later comments on the “preponderance” of Episcopal clergy among the Foundation’s officers and Board members, even “[f]rom its beginnings.”⁹⁷ Henry’s early reports indicate the role of the clergy in counseling “the sexually maladjusted”:

For the help of these individuals, in recent years a new resource has become possible,—the clergy. I have advocated for many years a closer cooperation between religion and psychiatry. It is my considered opinion that the clergyman who is interested in helping the sexually maladjusted, if he be given training, can perform a highly important role in the aid of not only the sexually maladjusted but of all those who are in what the Book of Common Prayer calls “trouble, sorrow, need, sickness or any other adversity.”⁹⁸

One reason for advocating for the therapeutic role of the clergy was because of economic necessity and psychiatric scarcity: “Increasing use must be made of this resource [clinically trained clergymen], not only because of the rather unfortunate fact that

⁹⁵ “Homosexual guilts” is a phrase used in several of the Reports, for example: Sixth Annual Report of the George W. Henry Foundation (1954), 21, Sixteenth Annual Report of the George W. Henry Foundation (1964), 19, Seventeenth Annual Report of the George W. Henry Foundation (1965), 22.

⁹⁶ While Henry explicitly notes the religious significance of guilt, he makes less obvious is its growing medical significance. The first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (1952), published in the same year as the case history of Gordon, identifies “guilt,” “a feeling of guilt,” and “severe guilt feelings” as symptomatic of three distinct mental disorders. In cases of an “Emotionally Unstable Personality” (a “Personality Disturbance”) an individual’s “relationship to other people is continuously fraught with fluctuating emotional attitudes, because of strong and poorly controlled hostility, guilt, and anxiety” (36). An “Involutional psychotic reaction” (a “Psychotic Disorder”) may be manifested by “by worry, intractable insomnia, guilt, anxiety, agitation, delusional ideas, and somatic concerns” (24). A “Depressive Reaction” (a “Psychoneurotic Disturbance”) can be “associated with a feeling of guilt for past failures or deeds” (33). These are evidently minor feelings of guilt, as one of the “malignant symptoms” by which it may be differentiated from the corresponding psychotic reaction is the presence of “severe guilt feelings” (34). *Diagnostic and Statistical Manual of Mental Disorders*, Prepared by The Committee on Nomenclature and Statistics of the American Psychiatric Association (Washington D.C.: American Psychiatric Association Mental Hospital Service, 1952), 36, 24, 33, 34.

⁹⁷ Seventeenth Annual Report of the George W. Henry Foundation (1965), 4.

⁹⁸ Second Annual Report of the George W. Henry Foundation (1950), 14.

psychiatry is not available to those of limited means and the penniless, but simply that there are not enough psychiatrists to go around.”⁹⁹ A more significant reason tethered to guilt is developed in a widely read article that Henry published in the journal, *Pastoral Psychology*.

In “Pastoral Counseling for Homosexuals” (1951), Henry articulates his thoughts on what “the minister can be expected to accomplish.”¹⁰⁰ The article moves slowly towards Henry’s prescriptive statements about the therapeutic role of the pastor. It begins with reflections on the silence, hiddenness, concealment, and secrecy around homosexuality, and on the “special scorn” in which society has “from time immemorial” held the homosexual.¹⁰¹ Two concrete empirical examples precede Henry’s general comments on pastoral counseling for homosexuals. First, Henry discusses “an experiment [that] was tried in the Magistrates’ Court of New York City, under which men arrested for homosexual disorderly conduct were placed on probation and advised to obtain psychiatric aid, and in some cases ministerial counseling.”¹⁰² Henry explains that “the results of the experiment clearly demonstrated that the position of the homosexual could be improved to a very considerable degree with this help.”¹⁰³ But here he does not note what constituted “help,” or what it means to “improve” the “position of the homosexual.”¹⁰⁴

The second example introduces more detail. Henry presents the case of John, a man sent to him “for study and treatment by one of the criminal courts in the city of New

⁹⁹ Sixth Annual Report of the George W. Henry Foundation (1954), 9, 8.

¹⁰⁰ Second Annual Report of the George W. Henry Foundation (1950), 14.

¹⁰¹ George W. Henry, “Pastoral Counseling for Homosexuals,” *Pastoral Psychology* 2, no. 8 (1951): 198-199, 197.

¹⁰² *Ibid.*, 198.

¹⁰³ *Ibid.*

¹⁰⁴ *Ibid.*

York” after being arrested in a subway toilet where John “had been detected in intimacies with a minor.”¹⁰⁵ Henry narrates the sexual history that culminated with the “disaster” that “overtook [John] in a subway toilet” marking his shift from “mutual masturbation to acts of sodomy with the boys who struck his fancy.”¹⁰⁶ Henry explains that because John “was discovered to have a latent religious sense of considerable depth, it was decided that he should be seen by a minister as well as a psychiatrist. Minister and psychiatrist together undertook the patient’s readjustment. At the end of a two-year probationary period, he was discharged from court supervision as improved.”¹⁰⁷ With this second example, Henry tells more of what it means to be “improved.” “Considerable maturity had been acquired by the patient during his period of treatment. He had gained more than a little insight into his situation, and he had adopted a much more mature outlook in respect to his sexual activity.”¹⁰⁸

Henry asks, “What has the minister to offer such a person?”¹⁰⁹ Careful to distinguish pastor from psychiatrist, he writes:

The task of the minister is not the exploration of a half-remembered history of childhood dereliction. It is highly improbable that many ministers would have sufficient experience to deal with complicated psychiatric case histories. The ministerial function is twofold: first, to put the patient in the way of getting realistic psychotherapy, and, secondly, to rid him of his guilts.¹¹⁰

Henry published much of the content of this article again in a chapter entitled, “The Function of the Clergyman,” in his 1955 work, *All the Sexes*. The paragraph from which the above lines are extracted is reproduced almost verbatim, with one significant

¹⁰⁵ Ibid., 199.

¹⁰⁶ Ibid., 201.

¹⁰⁷ Ibid.

¹⁰⁸ Ibid., 201-202.

¹⁰⁹ Ibid., 202.

¹¹⁰ Ibid.

difference: “the clergyman’s function is twofold: first, to help the patient rid himself of excessive guilt, and, secondly, to put him in the way of getting psychotherapy.”¹¹¹ He reverses the order of the two ministerial functions, perhaps to stress the importance of alleviating guilt. In the 1956 Annual Report, Henry addresses the connection between guilt and the therapeutic role of the clergy:

Because so much of the homosexual’s difficulty comes out of his guilt and his lack of self-acceptance, the clergy, traditionally the custodians of public morals, have become increasingly the resource to which the community has had to turn for help with a problem regarded by many as essentially a moral one.¹¹²

Alfred Gross emphasizes this point in an article published in *Pastoral Psychology* entitled, “The Homosexual in Society” (1950). “Above all,” he writes, the minister “is under primary obligation to relieve the guilt feelings of those who come to him and to restore the homosexual’s self respect.”¹¹³

The opening paragraph to Henry’s 1955 chapter on the function of the clergy in *All the Sexes* emphasizes the connection between guilt, religion, and “the problems of the sex variant”:

From time immemorial regulation of human conduction has been associated with religious doctrine. No matter how certain we may be of our own rectitude, none of us escapes the effect of St. Paul’s pronouncement that we have sinned and come short of the glory of God. In dealing with the problems of the sex variant, where feelings of guilt frequently occur, and where, in many cases, the individual has cut himself off from the consolation of religion, it is desirable to appraise the attitude of the church and the clergy, and the value of both in psychotherapy.¹¹⁴

Lady Religion’s traditional approach to “[relieving] feelings of guilt and to [lessening] fear of punishment” through “the institution of the confessional and its accompanying

¹¹¹ Henry, *All the Sexes*, 466.

¹¹² Eight Annual Report of the George W. Henry Foundation (1956), 47.

¹¹³ Alfred A. Gross, “The Homosexual in Society,” *Pastoral Psychology* 1, no. 3 (1950): 45.

¹¹⁴ Henry, *All the Sexes*, 462.

absolution” lose their effectiveness in Henry’s view.¹¹⁵ He shows this in the case of Wendell, who explains, “I knew that this affliction (homosexuality) is a mortal sin. I confessed my sins and thought that I had gotten over that.”¹¹⁶ Henry writes against the supposed therapeutic efficacy of confession:

Three years later his intimacies with a man in a subway toilet were interrupted by two detectives... Wendell again appealed to his clergyman. He confessed his sins, but this time he was not relieved of his feelings of guilt. He began to have indigestion and a fear that he would always be abnormal.¹¹⁷

Called “neither [to] condone criminal episodes nor condemn the guilty,” the pastor should, in Henry’s view, “be an accepting, unquestioning friend.”¹¹⁸

Though the Foundation was often characterized as an agency devoted to counseling homosexuals, Henry emphatically insists on a larger target audience.¹¹⁹ The second Annual Report (1950) notes that the Foundation “undertakes to give realistic aid to persons in trouble with themselves, the law or society by reason of sexual maladjustment.”¹²⁰ Various phrases are used instead of “sexual maladjustment” throughout the annual reports: “psychosexual maladjustment” (1952, 1956), “psychosexual deviation” (1955), “the sexually maladjusted” (1957), “sexual deviation” (Gross, 1957), “troubled human beings” (1960), “individuals who have fallen upon evil days because of sexual problems” (1961), and “the sexually deviated” (1964; Gross,

¹¹⁵ Ibid., 463.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

¹¹⁸ Ibid., 466.

¹¹⁹ He explains that it just “so happens that our services are chiefly enlisted for the help of those commonly called homosexuals.” Eighth Annual Report of the George W. Henry Foundation (1956), 2.

¹²⁰ Second Annual Report of the George W. Henry Foundation (1950), 1.

1965).¹²¹ The Foundation worked with not only homosexuals but with a wide range of people.

Henry explains that the Foundation's "efforts have been therapeutic, and this often involves alleviation of a social and economic disabilities."¹²² Betty Falek, Director of the Vocational Foundation Bureau, helped people find jobs. Henry describes a "youth of nineteen" who was "referred by the social service worker of a Brooklyn Congregationalist church."¹²³ Henry explains that "through Mrs. Falek, an opening was found in which he could make a living."¹²⁴ In some cases, "effective therapy" involved producing "insight" into an individual's situation, as in a case of "criminal involvement" from 1964. Henry describes Mark's progress:

[He is] commencing to gain meaningful insight into his situation; and he is slowly learning why his immature patterns of sexual behavior failed to give real and lasting emotional satisfaction. He is learning, in a word, that he is chronologically a man; and that, as a man, he is required, as St. Paul tells us, to put away childish things. In popular parlance, Mark has begun to act his age.¹²⁵

In many cases, therapeutic efforts were pointed at establishing an individual's sense of self-respect. In a 1956 case of "Homosexual Panic,"¹²⁶ for example, "[t]reatment was

¹²¹ Fourth Annual Report of the George W. Henry Foundation (1952), 1; Eighth Annual Report of the George W. Henry Foundation (1956), 38; Seventh Annual Report of the George W. Henry Foundation (1956), 2; Ninth Annual Report of the George W. Henry Foundation (1957), 51; Alfred Gross, "An Ethical Approach to the Problem of Sexual Deviation" (included with the Ninth Annual Report, 1957), 70; Twelfth Annual Report of the George W. Henry Foundation (1960), 103; Thirteenth Annual Report of the George W. Henry Foundation (1961), 116; Sixteenth Annual Report of the George W. Henry Foundation (1964), 4; Seventeenth Annual Report of the George W. Henry Foundation (1965), 5.

¹²² Thirteenth Annual Report of the George W. Henry Foundation (1961), 116.

¹²³ Second Annual Report of the George W. Henry Foundation (1950), 6.

¹²⁴ *Ibid.*

¹²⁵ Sixteenth Annual Report of the George W. Henry Foundation (1964), 17.

¹²⁶ "Homosexual Panic" is itself a diagnostic category coined by Edward Kempf, also called "Kempf's Disease." Kempf describes it as a "panic due to the pressure of uncontrollable perverse sexual cravings" (477). A diagnosis of "homosexual panic" is indicated "by certain cardinal symptoms: (1) panic and the autonomic reactions which accompany grave fear; (2) the defensive compensation against the compulsion to seek or submit to assault; (3) the symbols used by the

directed toward the establishment of the patient's belief in his own adequacy as a person."¹²⁷ Henry also describes the "progress under therapy" of Jack, who had been "placed on probation for sending homosexual pornography through the mails."¹²⁸ "Jack has been able to accept some measure of assurance of his own worth; and he has begun to evince interest in bettering his lot."¹²⁹ Henry describes an "Inadequate Masochist," Jan, whose "choice of companions was closely connected with his guilt feelings in respect to his homosexuality."¹³⁰

Efforts have been made by the Foundation to convince Jan of his genuine worths and that his very real sympathies could be utilized in ways that are socially approved. So guilt-ridden is Jan that he is unable to comprehend that oft-repeated statement that basically he is a young man of good parts and decent instincts; sometimes one doubts whether he can apprehend the words that one uses in an effort to convince him that he has not put himself hopelessly beyond the pale.¹³¹

With Jan, the Foundation sought to aid "in the re-establishment of self-respect" and to help him "follow a path that will lead to his ultimate self-acceptance."¹³²

Across the case histories, therapeutic efforts are decidedly not aimed at sexual re-orientation. Henry stresses this in the 1961 case, "Pastoral Counseling for a Homosexual." Bill, "a clerk in a bookshop," came to the Foundation after being "arrested in Central Park for homosexual solicitation."¹³³ Henry writes:

From time to time, men in this situation come to court accompanied a clergyman. Many judges feel that this is a desirable thing, and feel that if a responsible

erotic affect and the disturbances of sensation it causes. The latter are complained of as visions, voices, electric injections, 'dopy' feelings, 'poison' and 'filth' in the food, seductive and hypnotic influences, irresistible trance states, crucifixion, etc" (514). In Edward Kempf, *Psychopathology* (St. Louis: C. V. Mosby Company, 1920).

¹²⁷ Eighth Annual Report of the George W. Henry Foundation (1956), 43.

¹²⁸ Sixteenth Annual Report of the George W. Henry Foundation (1964), 17.

¹²⁹ *Ibid.*, 19.

¹³⁰ Seventh Annual Report of the George W. Henry Foundation (1955), 16.

¹³¹ *Ibid.*, 17.

¹³² *Ibid.*, 17, 18.

¹³³ Thirteenth Annual Report of the George W. Henry Foundation (1961), 123.

minister sees fit to plead the cause of one who must appear before a court, there is something in the defendant's history that can be used for his rehabilitation.¹³⁴

The clergyman accompanied Bill in court and offered "further help to work out something more secure in the way of a pattern of living."¹³⁵ Henry notes that the "progress reports are encouraging," but that

[t]his is not to say that Bill has been 'cured' of his homosexuality. He has learned that there are other things that are of greater importance than the pursuit of sex as an end in itself. He has been helped by the clergyman to a greater measure of stability. He has been enabled to accept himself; and, by so doing, he feels that he can be sure of his acceptance by others.¹³⁶

Gross describes an attempt to procure a heterosexual adjustment in a case in 1968 entitled, "Some Unfortunate Side Effects of 'Cure'." Gross explains that Jay was put in touch with a clergyman who "in turn put him in touch with a psychiatrist who undertook to make a homosexual into a man of conventional sexual adjustment. This was what Jay earnestly desired, even though he did very little, before he moved to his new environment, to bring it to pass."¹³⁷ He kept in touch with the Foundation over several years during which he "spoke hopefully about his cure" and about how he had been "'phasing out' his visits to the 'gay' world."¹³⁸ Gross describes a recent visit in which Jay appeared "worse for drink."¹³⁹ "Personality changes were marked in this man. A quiet, self-contained, somewhat repressed individual had become a loud, boisterous, back-slapping wearer of the mask of masculinity."¹⁴⁰ Gross' concluding lines disclose his sentiments towards therapeutic attempts at sexual reorientation:

¹³⁴ Ibid.

¹³⁵ Ibid.

¹³⁶ Ibid.

¹³⁷ Twentieth Annual Report of the George W. Henry Foundation (1968), 15-16.

¹³⁸ Ibid., 16.

¹³⁹ Ibid.

¹⁴⁰ Ibid.

He seems happy in his new-found, hard-won sexual conformity. Or so, at least, he says. There are, of course, some captious souls who might wonder how much better is the remedy than the disease.¹⁴¹

The therapeutic efforts recorded in the annual reports are tethered to a particular conception of homosexuality and its etiology. In the 1951 article, “Pastoral Counseling for Homosexuals,” Henry corrects the conceptions of “the ill-informed public” and explains that “[t]he symptom is mistaken for the disease. Homosexuality is not a disease; it is an indication of a deep-seated personality disorder.”¹⁴² Matters of etiology are difficult to sort out:

Sexual maladjustment is only one of many human problems for which it is impossible to find specific causes. There are still some persons who assume that the sex variant is born with his tendencies, and others who believe that his characteristics are acquired. A little reflection makes it clear that neither theory contains more than a part of the truth.¹⁴³

In the concluding remarks to *All the Sexes*, Henry suggests that “the question as to whether sexual maladjustment is inherited or acquired” is “not so urgent or so valid as it might seem at first glance.”¹⁴⁴ In Henry’s view, attempts to sort out congenital or acquired origins of sexual adjustments were going nowhere.

Apostles of Change

*“The homosexual’s real enemy is not his perversion, but his ignorance of the possibility that he can be helped.”*¹⁴⁵

—James L. Christensen, *The Pastor’s Counseling Handbook*, 1963

The therapeutic work carried out by the George W. Henry Foundation was, on some accounts, out of step with the “psychiatric orthodoxy” that dominated American

¹⁴¹ Ibid., 17.

¹⁴² Henry, “Pastoral Counseling for Homosexuals,” 205.

¹⁴³ Henry, *All the Sexes*, 26.

¹⁴⁴ Ibid., 532.

¹⁴⁵ James L. Christensen, *The Pastor’s Counseling Handbook* (Westwood, New Jersey: Fleming H. Revell Company, 1963), 87.

medical research on homosexuality.¹⁴⁶ Historian Ronald Bayer explains that mainstream “investigators” focused on two key issues—“the question of etiology” and “the extent to which therapeutic intervention could be expected to restore normal heterosexual functioning.”¹⁴⁷ For some notable psychiatrists, this extent was such that it merited the term “cure.”¹⁴⁸ The most audacious proponent of this view was perhaps Edmund Bergler (1899-1962).

Though Bergler made public his thesis that the “prognosis” of the “analytical treatment of homosexuals” is “favorable” as early as 1942, the book that received “nationwide publicity” was his 1956 work, *Homosexuality: Disease or Way of Life?*¹⁴⁹ *TIME Magazine* reviewed the book in the week after its publication.¹⁵⁰ The review praises Bergler for “swiftly demolish[ing] some popular misconceptions” including “recent misleading propaganda [which] alleges that homosexuality is an incurable, hereditary condition, and that the homosexual way of life is therefore ‘normal’ for an unspecified proportion of the population.”¹⁵¹ In contrast to the laudatory review in *Time*, publications of homosexual rights groups expressed outrage. The *Mattachine Review*’s “Bergler Issue” (May 1957) is composed of letters and essays that critique Bergler’s dogmatism,

¹⁴⁶ Ronald Bayer, *Homosexuality and American Psychiatry: The Politics of Diagnosis* (Princeton: Princeton University Press, 1987 [1981]), 41.

¹⁴⁷ *Ibid.*, see also 41-66. Bayer focuses on “dissenting views” that challenge the search for etiology and cure like Kinsey, Hooker, Szsaz, and Marmor. Henry is notably absent from Bayer’s text, though Henry “fits” in Bayer’s narrative that these “challenges” began soon after World War II. The practical orientation of the Foundation, however, makes Henry’s work distinct from the authors in Bayer’s chapter.

¹⁴⁸ For example: Edmund Bergler, Irving Bieber, Charles Socarides, Daniel Cappon, and at that time, Albert Ellis.

¹⁴⁹ Edmund Bergler, *One Thousand Homosexuals: Conspiracy of Silence, or Curing and Deglamorizing Homosexuals?* (Paterson, New Jersey: Pageant Books, Inc., 1959), vii, viii. Bergler refers to a lecture delivered on December 22, 1942, before the New York Psychoanalytic Society entitled, “Eight Prerequisites for the Psychoanalytic Treatment of Homosexuality.” The lecture was published in *The Psychoanalytic Preview* in 1944.

¹⁵⁰ “Curable Disease?,” *TIME* 68, no. 24 (December 10, 1956).

¹⁵¹ *Ibid.*

his dismissal of Kinsey, his claims to cure, his interpretation of contemporary psychiatric research, his focus on a narrow sample of people, and his failure to recognize that many homosexuals who live happy and healthy lives are not, in fact, neurotic.¹⁵² Richard Hall's review in *One* (March 1960) notes "the varieties of homosexual behavior" and argues that homosexuality can be accompanied by varying degrees of mental health, but that it is not inherently a disease.¹⁵³ Yet Bergler's book was a *Pastoral Psychology* Book club selection in 1957. Letters and reviews published in pastoral counseling journals suggest a mixed reception among American pastors.

Written in clear and direct prose, *Homosexuality: Disease or Way of Life?* is cast as a book that will correct both scientific and popular misunderstandings about homosexuality. The writing is marked by Bergler's characteristically bombastic tone. Bergler expresses vehement opposition to Kinsey for publishing "fantastically exaggerated" statistics that "are widely used as an exonerating argument by homosexuals."¹⁵⁴ He argues that the notion of bisexuality is a "flagrant misnomer," an "out-and-out fraud."¹⁵⁵ He attacks the "erroneous belief that homosexuality is 'scientifically' approved and normal."¹⁵⁶

In Bergler's view, homosexuality is "neither a biologically determined destiny, nor incomprehensible ill luck."¹⁵⁷ He writes that it is "not the 'way of life' these sick people gratuitously assume it to be," but rather "a neurotic distortion of the total

¹⁵² "The Bergler Issue," *Mattachine Review* III, no. 5 (May 1957).

¹⁵³ Richard Hall, "Disease or Way of Life?," *ONE* 8, no. 3 (March 1960), 7, 21.

¹⁵⁴ Edmund Bergler, *Homosexuality: Disease or Way of Life?* (New York: Hill and Wang, Inc. 1956), 7.

¹⁵⁵ *Ibid.*, 8, 89. This seems less of a concern in *One Thousand Homosexuals*, where for example, Bergler refers to Shakespeare as a bisexual. See Bergler, *One Thousand Homosexuals*, 223.

¹⁵⁶ Bergler, *Homosexuality*, 8.

¹⁵⁷ *Ibid.*, 31.

personality.”¹⁵⁸ According to Bergler, homosexuality unfolds in a “child’s psychic development” as a drama enacted “[w]ith predictable regularity.”¹⁵⁹ The child “builds up a ‘septet of baby fears’ in which the mother plays the role of a cruel witch.”¹⁶⁰ The incipient homosexual displays two characteristic “exaggerations” that are distinct from typical (neurotic) responses to “the inner woes of the human being”—greater “infantile fears, centered on the mother image” and a more extensive “masochistic elaboration.”¹⁶¹ Bergler characterizes homosexuality as a sickness that “*embraces the entire personality.*”¹⁶² It is accompanied “[w]ithout exception” by “deep inner guilt arising from the perversion.”¹⁶³ Bergler suggests that the “entire personality of the homosexual is pervaded by the *unconscious* wish to suffer.”¹⁶⁴ At points Bergler uses technical language to identify the bearer of this “wish to suffer” as a “psychic masochist.”¹⁶⁵ He couples this technical language with the non-technical image of an “exquisite injustice collector.”¹⁶⁶

Bergler’s most contentious claim is centered on the outcome of treatment. He states that his clinical experience provides sound proof that “*the disease can be cured.*”¹⁶⁷

Bergler presents this as a new thesis:

The statement that psychoanalytically oriented psychiatry can cure male homosexuality and Lesbianism could not have been made a decade ago. At that time, a sterile pessimism on this score pervaded the science; the best science had

¹⁵⁸ Ibid., 9.

¹⁵⁹ Ibid., 35, 16.

¹⁶⁰ Ibid., 40.

¹⁶¹ Ibid., 47. Bergler typically refers to male homosexuals throughout the book, with the exception of a chapter entitled, “What About Lesbians?” (261-290). He writes, “The genesis of female homosexuality is identical with that of male homosexuality: an unsolved masochistic conflict with the mother of earliest infancy” (263).

¹⁶² Ibid., 302.

¹⁶³ Ibid., 27.

¹⁶⁴ Ibid., 9

¹⁶⁵ Ibid., 16.

¹⁶⁶ Ibid.

¹⁶⁷ Ibid., 302.

to offer was a process by which the homosexual was reconciled to his ‘fate’; in other words, his conscious guilt was removed.¹⁶⁸

In contrast to this “sterile pessimism,” Bergler argues that

[n]ewer psychiatric experiences and studies have proved conclusively that the allegedly unchangeable destiny of homosexuals (sometimes even ascribed to nonexistent biological and hormonal conditions) is in fact a *therapeutically changeable subdivision of neurosis*.¹⁶⁹

He suggests the “therapeutic pessimism of the past is gradually disappearing” and that “today, psychiatric-psychoanalytic treatment can cure homosexuality.”¹⁷⁰

The persuasive force of the book lies less in its descriptions of homosexuality than it does in its vivid depictions of *the* homosexual.¹⁷¹ Bergler does not simply describe a condition; he portrays a character who has certain moods, temperaments, and patterns of argument. This “sick [person] requiring medical help” is a “frantic fugitive from women” who is “perpetually on the prowl.”¹⁷² His “concentration on his sex organ” manifests as a “fantastically exaggerated narcissism” and in “feminine identifications.”¹⁷³ Characteristic features of the homosexual come across most pointedly in vignettes of analysis. Bergler’s interlocutors are irritable, bitter, angry, unapologetic, resistant to

¹⁶⁸ Ibid., 8-9.

¹⁶⁹ Ibid., 9.

¹⁷⁰ Ibid.

¹⁷¹ Jordan identifies Bergler’s insistence on using “the homosexual” as a crucial facet of Bergler’s rhetorical difference (and perhaps misreading) from Kinsey in Mark D. Jordan, *Recruiting Young Love: How Christians Talk about Homosexuality* (Chicago: University of Chicago Press, 2011), 40. He writes, “Bergler ignores on every page Kinsey’s linguistic proposal about homosexual responses and acts. For Bergler, ‘homosexual’ is most definitely a noun, the name of a distinct pathological type... The inability of so many readers of Kinsey even to hear the point that there are no homosexuals, only homosexual responses or acts, shows that characters are indispensable to any rhetorically charged stigmatization of sexual act. It is rhetorically impossible to stigmatize statistically tabulated responses. You have to consolidate responses into characters before you can mock them, blame them, or warn against them. Bergler’s attacks on *the* homosexual show something about the history of medico-legal constructions of perversion, but they also and perhaps more immediately concede a rhetorical necessity” (40).

¹⁷² Bergler, *Homosexuality*, 28, 17, 19.

¹⁷³ Ibid., 48.

treatment, and dismissive. He describes patients as “curt and unpleasant,” “heavily sarcastic,” and “really disturbed.”¹⁷⁴ The patients in the dialogues are shown to act out the traits that Bergler attributes to them. The facial expression of “Mr. A,” for example, “made it clear that, in his opinion, [Bergler] had exploited him and treated him unjustly.”¹⁷⁵ Patients play out their defenses while the analyst seeks to enlighten their self-understandings and to persuade them of their need for analytic treatment.

The rhetoric fleshing out the homosexual character is heightened in Bergler’s next book, *One Thousand Homosexuals: Conspiracy of Silence, or Curing and Deglamorizing Homosexuals?* (1959). Bergler writes in its preface that in the wake of the publication of *Homosexuality: Disease or Way of Life?*, “Suddenly, the fact that homosexuality can be cured became known to diversified groups of people.”¹⁷⁶ More people sought Bergler’s therapeutic attention. The “number of homosexuals” he saw in the two years after the publication of *Homosexuality* “came to nearly half as many as [he] had had the opportunity of observing in the previous thirty years,” bringing Bergler’s grand total to “one thousand homosexuals.”¹⁷⁷ With more bravado, Bergler writes *One Thousand Homosexuals* to reaffirm his conclusion “based on actual clinical cases, that homosexuality—if treated appropriately—has an excellent prognosis and *is* curable in the short period of eight months in psychiatric-psychoanalytic treatment.”¹⁷⁸

One Thousand Homosexuals differs in three significant ways from *Homosexuality: Disease or Way of Life?*. First, more of its content is centered on portraying characteristics of the homosexual. The titles of the two books shift from

¹⁷⁴ Ibid., 50, 56, 59.

¹⁷⁵ Ibid., 53.

¹⁷⁶ Bergler, *One Thousand Homosexuals*, viii.

¹⁷⁷ Ibid., viii.

¹⁷⁸ Ibid., ix, emphasis original.

denoting a condition, “Homosexuality,” to a type of person “Homosexuals.” Much more of the material in *One Thousand Homosexuals* is comprised of dialogues with patients. Bergler includes dialogues that portray different “types” of homosexual patients.¹⁷⁹ He explains that “each type is repeatedly encountered, with, of course, its minor individual variations.”¹⁸⁰ Bergler depicts patients who are “melodramatic,” “flaming with fury and indignation,” “very shy and depressed,” “despondent,” and “suicidal.”¹⁸¹ He warns his readers that “[homosexual patients excel in circumlocution, which means that the analyst must exercise his ability at trained guesswork.”¹⁸² In emphasizing depictions of homosexual “types,” *One Thousand Homosexuals* centers on giving its readers techniques for managing a character that the text projects.

The second way *One Thousand Homosexuals* differs from *Homosexuality: Disease or Way of Life?* is in the reasons Bergler gives in support of the need for his books. Bergler portrays the dissemination of *Homosexuality: Disease or Way of Life?* as doing a service to “the unhappy parents,” “the young wives of ‘bisexuals’,” and to “those young people who, because of an appalling unavailability of accurate information, erroneously consider their homosexual difficulty to be their final destiny.”¹⁸³ Bergler extends the utility of *One Thousand Homosexuals* to identifying and combating a certain risk to children. He argues that the “conspiracy of silence which surrounds homosexuality” results in “*promoting* homosexuality.”¹⁸⁴ In Bergler’s view this is dangerous because “[k]eeping the problem under cover endows it with the masochistic

¹⁷⁹ Ibid., 21.

¹⁸⁰ Ibid.

¹⁸¹ Ibid., 21, 39-40, 24, 36, 36.

¹⁸² Ibid., 21.

¹⁸³ Bergler, *Homosexuality*, 10.

¹⁸⁴ Bergler, *One Thousand Homosexuals*, 249, original emphasis.

allure of ‘glamor plus danger,’ and this helps provide confirmed homosexuals with ever-new teen-age recruits.”¹⁸⁵ He closes the book with a warning to his readers that “[i]f information is unavailable, if false statistics are left uncontradicted, if new recruits are not warned by dissemination of the fact that homosexuality is but a disease, the confirmed homosexual is presented with a clear field for his operations—and *your teen-age children may be the victims.*”¹⁸⁶

The third notable difference in *One Thousand Homosexuals* is Bergler’s use of analogies to sickness of the body. While Bergler characterizes unconscious psychic masochism as a medical concern in *Homosexuality: Disease or Way of Life?*, the new use of medical analogies in *One Thousand Homosexuals* emphasizes Bergler’s depiction of homosexuality as an illness. He uses an analogy to the discovery of “a dangerous internal cancerous growth” that has not yet manifested symptoms and to drug addiction, which “has to be treated medically.”¹⁸⁷ The medical analogies play a key role in Bergler’s attempt to “de-glamorize” homosexuality: “There is no more glamor in homosexuality than there is in, let’s say, a case of typhoid fever.”¹⁸⁸

Pastoral Reviews

Both *Homosexuality: Disease or Way of Life?* and *One Thousand Homosexuals* were reviewed in pastoral counseling journals. Reviewers presented markedly different assessments of Bergler’s works. Despite their different positions, many writers suggest an interest or a curiosity in the notion of cure. Leon Salzman (1915-2009), a psychoanalytic psychiatrist who was a student of Harry Stack Sullivan, wrote the most scathing piece in

¹⁸⁵ Ibid., ix.

¹⁸⁶ Ibid., 249, my emphasis.

¹⁸⁷ Ibid., 3.

¹⁸⁸ Ibid., ix, cf. 171.

a review of *One Thousand Homosexuals* published in the *Journal of Pastoral Counseling* (1961):

The author is dogmatic, contentious, and lacking in the humility which should characterize a social scientist who is dealing with a phenomenon that is as yet neither precisely understood nor universally agreed upon by other investigators equally dedicated to the task of understanding the phenomenon.¹⁸⁹

Salzman criticizes Bergler's "angry, critical, and condescending" remarks and his "messianic claim of undisputed omniscience regarding an illness which still has many unsolved problems."¹⁹⁰ But Salzman shows interest in Bergler's basic claim about the treatment of homosexuality: "However, in spite of all the deficiencies of the book, Dr. Bergler's message is clear and worth noting. Homosexuality is curable."¹⁹¹

Pastoral Psychology printed a selection from a chapter in *Homosexuality: Disease or Way of Life?* when it was a Pastoral Psychology Book Club selection (1957). The selection is framed with an editorial remark that suggests a similar interest in the notion of cure: "Newer psychiatric experiences and studies have proved conclusively that the allegedly unchangeable destiny of homosexuals is in fact therapeutically changeable."¹⁹² That same year, Drew University Professor of Religious Education Paul Maves wrote a complimentary review of *Homosexuality: Disease or Way of Life?*. Maves praises Bergler for "his training and experience" in over "thirty years of practice as a psychoanalytic psychiatrist" and for his "profound grasp of the literature dealing with homosexuality and of the homosexual's place in history."¹⁹³

¹⁸⁹ Leon Salzman, "Review of *One Thousand Homosexuals*," *Journal of Pastoral Counseling* XV, no. 3 (Fall 1961): 177.

¹⁹⁰ Ibid.

¹⁹¹ Ibid. Salzman qualifies this by noting that it "is not altogether a novel idea" (177).

¹⁹² *Pastoral Psychology* 8, no. 75 (June 1957): 49.

¹⁹³ Paul Maves, "Review of *Homosexuality: Disease or Way of Life*," *Pastoral Psychology* 8, no. 75 (June 1957): 61.

Maves summarizes the text: “homosexuality is a neurotic disease, not a way of life, in which severe unconscious self-damaging tendencies engulf the whole personality. There are no healthy homosexuals.”¹⁹⁴ Maves notes at several points the significance for the book for pastors. “Here is a book which will give authoritative help to churchmen who do want to know more about [homosexuality] and who want to deal with it redemptively.”¹⁹⁵ He suggests that the chapter in which Bergler “asserts that homosexuality can be cured if the patient wants to be cured” will be “of most interest to readers of *Pastoral Psychology*.”¹⁹⁶ Maves includes a gentle critique in noting, for example, that readers will “[o]ccasionally... raise a question about the dogmatic assertion of some sweeping generalizations which brook no exceptions.”¹⁹⁷ These critical remarks are quickly followed with a statement of the significance of the book for pastors: “But after all is said and done, [the reader] will be grateful for the informal style, the penetrating wit and sense of humor, and especially for the copious illustrations from case records. The book will be a useful part of the pastor’s armament in dealing with this group of persons in his community.”¹⁹⁸

Pastoral Psychology’s “Readers’ Forum,” a regular feature that published readers’ reactions to books and subsequent responses from their authors, centered on

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ Ibid., 62.

¹⁹⁷ Ibid.

¹⁹⁸ Ibid., 62-63. A later annual review issue of *Pastoral Psychology* that included excerpts from reviews of the year’s book club selections reprinted Maves’ words on the importance of the book for pastors: “Here is a book which will give authoritative help to churchmen who do want to know more about homosexuality and who want to deal with it redemptively... Every minister will be grateful for this book—the informal style, the penetrating wit and sense of humor, and especially for the copious illustrations from case records. The book will be a useful part of the pastor’s armament in dealing with this group of persons in his community.” Annual Directory, *Pastoral Psychology* 8, no. 50 (June 1958): 14-15.

Bergler's *Homosexuality: Disease or Way of Life?* in December of 1957. An unnamed chaplain whose "[n]ame [was] withheld at [the] editor's suggestion" wrote a letter about Bergler's book that received responses from Bergler and Maves.¹⁹⁹ The chaplain tethers his letter to his experience "[w]orking in a mental hospital [where he had] opportunity for numerous observations on the subject" and to his acquaintance with "homosexual friends."²⁰⁰ He criticizes Bergler's "perversion of honest reasoning" and the "distorted picture" that Bergler presents.²⁰¹ He writes, "The doctor is trying too desperately to prove his point."²⁰² Bergler responds with outrage, "I can only conclude that this chaplain is naïve believing his 'friends' tales, thus making himself an unwitting dupe of the efficient homosexual propaganda machine."²⁰³ Though the chaplain states that he is "not primarily defending the homosexual," Bergler's response opens with the statement that he is "simply amazed that a chaplain should defend homosexuality."²⁰⁴

The chaplain's letter articulates two critiques of Bergler's text. The first is that while Bergler identifies something that might be "true for *one segment* of the total homosexual population," he "automatically concludes that this becomes true for all homosexuals."²⁰⁵ He explains that Bergler has "only observed the mentally ill who visited his office" and that "[o]ffice patients are not valid subjects for any test."²⁰⁶ He writes

¹⁹⁹ "Readers' Forum," *Pastoral Psychology* 8, (December 1957): 52.

²⁰⁰ Unnamed Chaplain, "Readers' Forum," 51. Both Bergler and Maves use male pronouns for the chaplain in their responses.

²⁰¹ *Ibid.*, 52.

²⁰² *Ibid.*, 51.

²⁰³ Bergler, "Readers' Forum," 53.

²⁰⁴ Unnamed Chaplain, "Readers' Forum," 52. Bergler, "Readers' Forum," 52-53.

²⁰⁵ Unnamed Chaplain, "Readers' Forum," 51.

²⁰⁶ *Ibid.*, 52. He writes further, "He can only speak for those who visit him as a doctor. And his conclusions here are quite correct, I believe. The great majority of homosexuals who visit a doctor are ill. But this is hardly startling, since the great majority of heterosexuals who visit a doctor are also ill" (52).

further, “Dr. Bergler has accurately described the *lowest level* homosexual and through his distorted manner of reasoning, which I have described in the paragraph above, he has quickly proclaimed that this is true of all homosexuals.”²⁰⁷ The chaplain argues that this “is simply not true, and is a dishonest deduction.”²⁰⁸ He explains that “[his] observation is that in contrast in its highest form the homosexual is extremely sensitive to moral values; he had lived a life dedicated to humanity and its deepest needs, and he has often helped spearhead movements in our culture which have resulted in a better way of life for all.”²⁰⁹ Bergler responds that the notion of different “levels” of homosexuals “is a mirage: the high-class homosexual exists only in the fantasy of homosexuals.”²¹⁰ He argues that the chaplain “has simply no conception of the psychic structure of homosexuals, and makes—on moral grounds—a distinction between different types of homosexuals that does not exist.”²¹¹

The second critique in the chaplain’s letter is that Bergler is “[i]n no sense of the word... qualified to speak of homosexuality as a way of life.”²¹² He argues that “it would be absolutely necessary for our friend to step outside his office and live for a period in a homosexual community,” to which Bergler glibly replies, “does [he] refer to prisons?”²¹³ The chaplain suggests that Bergler would have to study “the homosexual in his personal and social and business life, and then compare the results with the heterosexual pattern.”²¹⁴ Bergler responds that this critique is “downright silly.”²¹⁵ The chaplain

²⁰⁷ Ibid., 51-52.

²⁰⁸ Ibid., 51.

²⁰⁹ Ibid., 52.

²¹⁰ Bergler, “Readers’ Forum,” 53.

²¹¹ Ibid.

²¹² Unnamed Chaplain, “Readers’ Forum,” 52.

²¹³ Ibid. Bergler, “Readers’ Forum,” 54.

²¹⁴ Unnamed Chaplain, “Readers’ Forum,” 52.

explains that while Bergler's conclusions may apply to "those who are found in comfort stations, Turkish baths, and parks," many of his "homosexual friends would not be found dead in these places."²¹⁶ He writes further, "It is no more fair to say that all homosexuals are like the group which visit Turkish baths, than it is fair to say that all heterosexuals are like the group which visit houses of prostitution."²¹⁷ Bergler's conclusion tethers the chaplain's letter to perceptions of the pastoral position on homosexuality. He writes that the chaplain "did a great disservice because—in his ignorance of the real structure of homosexuality—he is not cognizant of the fact that the homosexual grape-vine will record his singular and misguided expression as typical, and for decades one shall hear the argument that 'pastors' approve of homosexuality."²¹⁸

Maves softens his praise of Bergler's book in his response to the chaplain's letter, though he reiterates the basic point that it "would be helpful to the parish minister and was worth recommending for him to read."²¹⁹ He qualifies his support of Bergler's basic thesis: "As to the eventual validity of the major thesis that homosexuality is a disease which can be cured if its victims want to be, I am not qualified to judge, although the argument made sense to me."²²⁰ Shifting away from disease language because of its "subjective connotation," Maves' response draws a distinction between homosexuality as

²¹⁵ Bergler, "Readers' Forum," 54.

²¹⁶ Unnamed Chaplain, "Readers' Forum," 51.

²¹⁷ *Ibid.*, 52.

²¹⁸ Bergler, "Readers' Forum," 54.

²¹⁹ Maves, "Readers' Forum," 54. Maves notes his critique of Bergler's work: "I did indicate in my review that I thought Dr. Bergler was too absolutist and too sweeping in his generalizations. I also indicated that many, and I am among them, would not find the psychoanalytic theory of etiology altogether convincing. Furthermore, I indicated that the book impressed me as being hastily written" (54).

²²⁰ *Ibid.*

a social issue and as a pastoral issue.²²¹ As a social issue, Maves takes a disinterested position:

As far as my attitude toward the homosexual is concerned, my present inclination would be something like this: If homosexual practices can be pursued without disturbing public order, without the seduction or injury of the innocent, or without undermining public morality and morale, I would leave the homosexual alone. Otherwise society must protect itself by insisting upon reform or forcible restriction of the freedom of the homosexual.²²²

But as a pastoral issue, Maves formulates the issue differently: “From a Christian standpoint, homosexuality is a deliberately fostered and defiantly pursued way of life that would seem to be a flight from destiny.”²²³

In Bergler’s view homosexuality results from “psychic wounds or physiological conditions” and not “deliberately fostered and defiantly pursued” choices.²²⁴ For Maves, this raises several questions: “[T]o what extent are homosexual patterns or tendencies subject to modification or eradication?”²²⁵ He writes further: “And if we could assume that some persons suffer from psychic wounds or physiological conditions which make it impossible for them to function heterosexually or to fully accept persons regardless of gender, how can they be helped to accept and live productively within their limitations?”²²⁶ As a matter of pastoral concern, Maves offers an interpretation of the issue that centers the capacity to love. “[Homosexuality] seems to imply not only the inability or lack of desire to have sexual intercourse with persons of the opposite sex, but a rejection of and dislike for, if not hatred, for persons of the opposite sex.”²²⁷ With

²²¹ Ibid., 55.

²²² Ibid.

²²³ Ibid.

²²⁴ Ibid.

²²⁵ Ibid.

²²⁶ Ibid.

²²⁷ Ibid.

echoes of the connection between healing and making whole in the early pastoral counseling literature, Maves writes, “Is there any difference between homosexuality and a deep sense of inferiority or worthlessness, for example? Must we not in either case strive to make such persons whole?”²²⁸ By way of conclusion, he centers the therapeutic pastoral role on facilitating the capacity to love: “As far as education or child training is concerned I would hold that heterosexuality and freedom from crippling obsessions or compulsions and the capacity to love all persons wholeheartedly must be our aim. The achievement of anything less than this is failure.”²²⁹

Bergler elicited a range of reactions from his pastoral readers. Many of them found the notion of “cure” important to consider in thinking about goals of pastoral counseling with homosexuals. Pastors engaged other psychiatric accounts that argued that homosexuality could be “cured.” One particularly notable exchange is recorded in the correspondence between Russell Dicks and Canadian psychiatrist Daniel Cappon, whose understanding of homosexuality differed in key ways from that reflected in Bergler’s writings.

H Problems

Russell L. Dicks was the general editor of the “Successful Pastoral Counseling Series” (1963-1968) that was published between 1963 and 1968. In an introduction to one of the early books, he explains that the “series of books represents the most comprehensive publishing effort ever made in the field of pastoral care.”²³⁰ The “library of pastoral care” intended to cover “the major topics and problems that most pastors will

²²⁸ Ibid.

²²⁹ Ibid.

²³⁰ Russell L. Dicks, “Introduction,” *Ministering to Deeply Troubled People*, Ernest E. Bruder (Englewood Cliffs: Prentice-Hall, Inc.: 1963), 7.

encounter in their ministry.”²³¹ Primarily practically oriented, the books were “prepared for the nonspecialized minister serving the local church, where he is the most accessible professional person in the community.”²³²

The books open with a list of “volumes published” and “volumes in preparation.” A volume published in 1963 includes the following volume in preparation: *Counseling the Sex Deviate*, by Daniel Cappon.²³³ Dicks had invited Cappon to prepare a volume entitled “*Counseling the Homosexual*” in 1962.²³⁴ Guy Brown, the editor of religious books at Prentice-Hall, notes the importance of the book in a letter to Cappon: “Indeed, most pastors are woefully ignorant of the world of the homosexual. This is a very much needed volume.”²³⁵ Dicks expressed support of Cappon’s outline and sample chapters. After “carefully” going over the material, Dicks was “quite pleased with [the] projected outline,” and after reading the “chapters with interest,” he wrote that Cappon was “getting at what [the editors] want.”²³⁶ Dicks expresses support for Cappon’s optimistic therapeutic outlook: “The material has a note of hopefulness concerning this problem

²³¹ Ibid.

²³² Ibid. He writes further: “It is a well-accepted fact that more people turn to clergy when in trouble than to all other professional people. Therefore, the pastor must not fail them” (7).

²³³ Front matter, *Ministering to Deeply Troubled People*, 2.

²³⁴ [Letter from Guy Brown to Daniel Cappon, November 12, 1962], Duke University Medical Center Archives, Durham, North Carolina. The contract offered was for a book titled “*Counseling the Homosexual*,” Dicks later wanted the title to be “*Counseling the Sex Deviate*” for its wider appeal. [Letter from Guy Brown to Daniel Cappon, January 9, 1963], Duke University Medical Center Archives, Durham, North Carolina. [Letter from Guy Brown to Daniel Cappon, January 30, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²³⁵ [Letter from Guy Brown to Daniel Cappon, November 12, 1962], Duke University Medical Center Archives, Durham, North Carolina.

²³⁶ [Letter from Russell L. Dicks to Daniel Cappon, January 14, 1963], Duke University Medical Center Archives, Durham, North Carolina. [Letter from Russell L. Dicks to Daniel Cappon, April 1, 1963], Duke University Medical Center Archives, Durham, North Carolina. Dicks expresses additional praise of Cappon’s work in a letter asking Cappon to use a more simple sentence structure: “I think you may well have a classic in the making and if so am anxious to give it full birth.” [Letter from Russell L. Dicks to Daniel Cappon, May 1, 1963], Duke University Medical Center Archives, Durham, North Carolina.

which is reassuring, as so often I have gotten discouragement from psychiatrists concerning homosexuality.”²³⁷

Though Dicks writes in his earlier work, *Pastoral Work and Personal Counseling* (1944), that homosexuality is “just not the pastor’s problem,” he expresses a new pastoral concern in his correspondence with Cappon.²³⁸ He asks Cappon to “say something about the person who does not seek help but who comes to the pastor or physician’s attention through parents, friends, or authorities.”²³⁹ He provides an example of a counseling situation centered on homosexuality from his experience:

For instance, I have had two interviews with a 22 year old girl who describes herself as “Butch”, meaning the aggressor. She has come at the insistence of her mother but says she has no desire whatsoever to change her way of life. She had her first homosexual experience at 19 after having had a heterosexual affair for several months. She is now living with a friend who is married and whose husband knows that the two of them have intercourse regularly. This girl came to me by referral from the mother’s pastor and she came to please her mother. At the end of the second interview she was asking some questions about heterosexual experience but she tells me of the 25 women in her “gay set” she doubts if any will every [*sic*] marry. What should the pastor tell the mother of such a girl?²⁴⁰

Dicks’ example is marked by a recognition that homosexuality is a matter that affects people. Dicks is less concerned with questions about the meaning and etiology homosexuality than he is with the notion that it is a concrete reality that various people navigate.

Cappon’s draft of the book had several logistical and syntactical issues. Both Brown and Dicks requested a more simple writing style. Brown writes in a letter to

²³⁷ [Letter from Russell L. Dicks to Daniel Cappon, January 14, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²³⁸ Russell L. Dicks, *Pastoral Work and Personal Counseling: An Introduction to Pastoral Care*, revised edition (New York: The Macmillan Company, 1949 [1944]), 99.

²³⁹ [Letter from Russell L. Dicks to Daniel Cappon, January 14, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁴⁰ [Letter from Russell L. Dicks to Daniel Cappon, June 17, 1963], Duke University Medical Center Archives, Durham, North Carolina.

Cappon, “There are long sentences and involved paragraphs which challenge the disciplined mind. Many of our young pastors are over burdened with parish duties to the point where their reading habits have deteriorated, and there is little time to read in depth.”²⁴¹ Cappon doubled the stated fifty thousand-word limit. Brown and Dicks considered publishing the work in two volumes.²⁴² The biggest matter of concern to the editors, however, was the reaction of the book’s psychiatric reviewer.

Brown and Dicks felt that they could “establish [the book’s] validity in terms of pastoral practice and technique.”²⁴³ They asked Leslie B. Hohman, a professor of psychiatry at Duke University Medical School, to evaluate its psychiatric content. After reading the text, Hohman felt that he could not formally review it because of fundamental differences between Cappon and himself. Hohman found Cappon’s “explanation as to the origin of homosexuality [to be] specious and valid only if you accept his principle that there is no constitutional or heredity factor in homosexuality.”²⁴⁴ To the contrary, Hohman believed that “there can be little doubt there is strong constitutional or heredity factors in many cases of homosexuality.”²⁴⁵ He argues that Cappon’s “cavalier dismissal

²⁴¹ [Letter from Guy Brown to Daniel Cappon, April 8, 1963], Duke University Medical Center Archives, Durham, North Carolina. Dicks writes similarly, “You will need to paragraph your material better and re-examine many of your sentences... We must be sure that the rather simple questions be answered simply... Would you consider saying in one sentence, at the outset preferably, in your opinion that all homosexuals are made.” [Letter from Russell L. Dicks to Daniel Cappon, May 31, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁴² Ibid.

²⁴³ [Letter from Guy Brown to Leslie B. Hohman, September 27, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁴⁴ [Letter from Leslie B. Hohman to Guy Brown, October 12, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁴⁵ Letter from Leslie B. Hohman to Russell L. Dicks, October 17, 1963], Duke University Medical Center Archives, Durham, North Carolina.

of Kallman's work seems to [Hohman] to have no validity."²⁴⁶ Hohman notes that Cappon's "psychoanalytical point of view is today fashionable and people like to read about it."²⁴⁷ He writes in a letter to Dicks, "For your own information and not for quotation, I think this guy, Cappon, is so in love with psychoanalysis that he claims cures where they do not exist. I have seen this happen repeatedly."²⁴⁸

After Hohman's review, Brown and Dicks expressed less enthusiastic support of Cappon's work. Brown writes in a letter to Hohman that the "book is under contract and we are in a rather awkward position, if it cannot be honestly endorsed from some professional vantage point."²⁴⁹ They decided to secure another opinion from a psychoanalytically trained psychiatrist. The second reviewer²⁵⁰ wrote a more positive report: "This is the first sane, good, worthwhile book written in the field of

²⁴⁶ [Letter from Leslie B. Hohman to Guy Brown, October 12, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁴⁷ Ibid.

²⁴⁸ [Letter from Leslie B. Hohman to Russell L. Dicks, October 17, 1963], Duke University Medical Center Archives, Durham, North Carolina. He writes further, "My main quarrel with Cappon's presentation is that I do not see how it could be very helpful to the average pastoral counselor."

²⁴⁹ Ibid. Brown writes further in the same letter, "I wish the author had been more guarded in his claims and presentation. We may yet be able to temper the project in a more moderate frame of reference." Dicks expresses some frustration in a letter to Hohman written two days earlier than Brown's letter: "My serious question is do you think there are heredity or constitutional factors in homosexuality? Cappon is strong in his conviction they are not important. If you think there are real possibilities of such factors a statement in my introduction can point out that there are other points of view. I simply don't know what to do about his treatment of Kallman's work in the field of genetics... We searched the country over to find a writer upon this subject and Cappon was willing to do it." [Letter from Russell L. Dicks to Leslie B. Hohman, October 15, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁵⁰ The review does not include the author's name. Based on the correspondence around the review, it was likely either Ed Draper or Margaretta K. Bowers. Draper was a professor of psychiatry at the University of Chicago who Dicks writes "served the church ten years in Missouri, then went to Washington Medical School and took a psychiatric residency following his internship." Dicks mentions the possibility of using Draper as a reviewer several times in his correspondence. The latest reference to a reviewer, however, is in a letter Brown to Bowers, in which he notes her agreement to read and evaluate Cappon's manuscript. [Letter from Russell L. Dicks to Leslie B. Hohman, September 20, 1963], Duke University Medical Center Archives, Durham, North Carolina. [Letter from Guy Brown to Margaretta K. Bowers, October 17, 1963], Duke University Medical Center Archives, Durham, North Carolina.

homosexuality.”²⁵¹ The reviewer expresses several concerns, most notably with Cappon’s notion that “the therapist pronounc[es] a ‘cure’ to ‘magically strengthen the ego’ of the patient.”²⁵²

This is very bad. Even when the H. patient finds he can no longer act out his homosexual patterns, he still needs a lot of therapy before he can find himself as a Heterosexual. By pronouncing a ‘cure’ the patient suffers much damage when he realizes that he is (1) still homosexual; (2) that he can’t live as a heterosexual. If he has been told he is ‘cured,’ then he feels himself bad, doomed and unable to seek further help... One should always remember with humility that there are not only very rare ‘cures’ but much we can do to help the patient grow. ‘I dressed his wounds – God healed him,’ in those fortunate people who are able to achieve health.²⁵³

The reviewer suggests that Cappon’s text “deserves to be published in its wholeness and for a larger audience than untrained pastors” and that it “doesn’t really have enough of concern for the parish minister, who needs help in integrating the homosexual in his parish setting.”²⁵⁴ Brown highlights this suggestion in his letter Dicks accompanying a copy of the review:

You will note that the reader feels this book ought to be published as an independent volume and substantially in its present form. There is the possibility that our people here would be agreeable. Certainly, I can see some wisdom in such a course of action as this volume is not quite the approach that I had hoped to see in the general make up for the series.²⁵⁵

Cappon’s text was removed from the lists “volumes published” and “volumes in preparation” in another book published in the series in 1964. Prentice-Hall published a

²⁵¹ [Review of Cappon’s manuscript, included with letter from Guy Brown to Russell L. Dicks, December 29, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁵² Ibid.

²⁵³ Ibid.

²⁵⁴ [Review of Cappon’s manuscript, included with letter from Guy Brown to Russell L. Dicks, December 29, 1963], Duke University Medical Center Archives, Durham, North Carolina.

²⁵⁵ [Letter from Guy Brown to Russell L. Dicks, December 29, 1963], Duke University Medical Center Archives, Durham, North Carolina.

full version of Cappon's text as a book entitled, *Toward an Understanding of Homosexuality*, in 1965.²⁵⁶

Though Cappon's book was published independently from the successful pastoral counseling series, he discusses religion and pastoral counseling at several different points. The sixth chapter begins with a list of eight biblical passages that convey "the injunction not to commit H acts."²⁵⁷ Cappon argues that the "ethical position on homosexuality in the Western world is unequivocal: It is condemned as wrong; a sinful 'moral disease.'"²⁵⁸ More recent understandings of homosexuality as a therapeutic problem seems to pose a challenge to this position:

Psychiatry and the social sciences have proved beyond a doubt that homosexuality is not a moral disease but an aberrant psychological and societal variant, caused and promoted by mankind. Confusion then arises between homosexuality regarded as a problem in psychosocial health and homosexuality regarded as a problem of morality, a sin.²⁵⁹

At points Cappon suggests that the church should uphold traditional morality for the sake of society as a whole, while the individual "H patient" should be treated with counseling and therapy.²⁶⁰ Through its use of "psychological methods," pastoral counseling is distinct from traditional church functions in taking a therapeutic approach to the individual.²⁶¹

²⁵⁶ Daniel Cappon, *Toward an Understanding of Homosexuality* (Englewood Cliffs, New Jersey: Prentice-Hall, Inc.: 1965).

²⁵⁷ Ibid., 135.

²⁵⁸ Ibid., 159.

²⁵⁹ Ibid., 165.

²⁶⁰ Ibid., 166-167.

²⁶¹ Ibid., 167. Cappon writes further about pastoral counseling: "In spite of all this, an elite corps of pastoral counselors, highly trained, analytically skilled, and experienced, is emerging, especially from the body of the Episcopalian Church in the United States. It is they, if they were to multiply, become secular, and sift out the black sheep among them, who could inherit the task of counseling the masses and of those with psychological problems... The ultimate responsibility has to remain on the shoulders of the physician. It is because pastoral counselors might do the

The book's opening indicates a sharp difference from Bergler's work. While Bergler formulates an illustration of *the* homosexual, Cappon's preface begins, "There are no homosexuals—only people with homosexual problems."²⁶² Cappon uses "homosexual" (often abbreviated, "H") as an adjective throughout the text. He discusses "H problems," "H persons," "H partners," "H acts," "H activity," "H guilt," "H life," "H orientation," "H object," "H element," "H contact," "H behavior," "H way of life," "H self," "H patient," "female H patient," "H male," "H man-about-town," and "the ex-H shrew," while throughout the text maintaining the notion that "there is no such thing as 'a homosexual.'"²⁶³ Language of an "outbreak," "epidemic," and "pandemic"—plague imagery—is used to convey the appearance of homosexual features.²⁶⁴

Cappon portrays homosexuality as a "deviant or pathological form of behavior."²⁶⁵ His definition rests on the notion that this behavior is constituted by a habitual practice of seeking orgasm with members of the same sex (even if the choice of sexual object is not exclusive) over an extended period of time.²⁶⁶ Cappon articulates the

bulk of the work in the future and, also, because this work was begun at their invitation, that there are so many references in the book to pastoral counseling" (274).

²⁶² *Ibid.*, vii. He writes further, "The idea of a third sex is as antiquated as the last century. No person with a homosexual problem, however extensive or deep, is merely an aberrant creature, a totally pathological specimen. Such a person remains, first and foremost, a person" (vii).

²⁶³ *Ibid.*, 34, 252, 255, 135, 214, 117, 121, 165, 25, 214, 210, 211, 277, 223, 125, 234, 158, 158; 4.

²⁶⁴ See for example, *ibid.*, 129, 137, 140, 173, 182, 253.

²⁶⁵ *Ibid.*, 7.

²⁶⁶ Notice the role of duration and habitual behavior in Cappon's definitions of "homosexuality" and of a "homosexual problem": "For precision of definition, we shall restrict the unqualified term 'homosexuality' to 'overt, acted-out homosexual behavior, in which the individual, male or female, habitually seeks and attains orgasm by means of sexual contact with a member of the same sex over a period of years, because of choice or preference for a sexual partner of the same sex, though this is not necessarily an exclusive choice" (7, original emphasis removed). "A homosexual problem is a human situation in which a person of either sex presents himself or herself to another person for help because his or her sexual orientation is allowed, which a certain degree of choice, to be acted out, repeatedly and over a prolonged period, in sexual behavior

same position on etiology as he had in the earlier version of the book. He briefly examines “the heredity hoax,” “the constitutional stewpot,” and “the myth of chemistry” to support his conclusion that “[t]here is no incontrovertible evidence of an organic, physical, or heredity factor in its causality.”²⁶⁷ He argues, rather, “there is clear evidence of causes in the social and psychological realms.”²⁶⁸ Cappon characterizes homosexuality as a “symptom” which “signals an underlying, sometimes deep-seated and malignant, malady.”²⁶⁹

Like Bergler, Cappon’s work centers on possibilities of cure. He argues that “homosexuality is as curable as its underlying causes are reversible.”²⁷⁰ Cappon depicts homosexuality as something that can be removed or excised, as “an *extruded portion of the personality*.”²⁷¹ He explains that “*the removal of homosexuality depends on how alien a complex or chunk it is within the personality of the patient*.”²⁷² Cappon uses medical imagery to convey this removal. He writes that it “is analogous to a surgical removal of a new discrete growth, a cancer nodule.”²⁷³ The image of a surgical removal serves to underscore the notion that the “*cure of homosexuality is an all-or-none affair*.”²⁷⁴ This medical metaphor conveys a sense that while one is not at fault for the origin of the

leading to orgasm with a member of the same sex, thus causing a difficulty in living, for himself or for others” (8, original emphasis removed).

²⁶⁷ Ibid., 67, 75, 80, viii.

²⁶⁸ Ibid., viii.

²⁶⁹ Ibid.

²⁷⁰ Ibid.

²⁷¹ Ibid., original emphasis.

²⁷² Ibid., 213, original emphasis.

²⁷³ Ibid., 214.

²⁷⁴ Ibid., 226, original emphasis.

“complex,” one can exercise agency or responsibility in its removal. In Cappon’s view, “cure ultimately rests with an individual’s motivation and with his ability to change.”²⁷⁵

Cappon describes psychotherapy as a “hybrid—part science, part art.”²⁷⁶ Much of the therapeutic work happens in the relationship between the patient and the therapist. The therapist’s “chameleonlike use of his own self (the main pill the patient has to swallow in this treatment)... is his art.”²⁷⁷ Cappon expresses a certain psychiatric piety in his use of a prayer that he attributes to St. Francis of Assisi as “the code of the ideal therapist.”²⁷⁸ Therapy begins with the analyst gathering information about the patient and the patient’s past.²⁷⁹ After the “period of fact-finding, of assessing causations, of ascribing the patient to a particular diagnostic category,” Cappon writes that “therapy per

²⁷⁵ Ibid., viii.

²⁷⁶ Ibid., 207.

²⁷⁷ Ibid., 233. Cappon’s describes the function of eroticizing the therapeutic relationship with women: “With the a female H patient, especially in the hands of a male therapist, the situation is usually quite the reverse. In this case, the couch has a specific use: To eroticize the female-male relationship in the context of a strong positive transference, so as to arouse the latent heterosexuality in a manifestly homosexual female... [W]hen, finally, the therapist has become a sexually desirable male, then this newly found heterosexuality can be directed to some other desirable male in the community and, hopefully, the impulse can be acted out after the appropriate ceremonies. Then she will learn the erotic pleasures of heterosexuality. Having lain supine on a couch and given her mind to a male therapist, *she will have learned to submit*” (234, original emphasis).

²⁷⁸ Ibid., 219. This is the prayer that Cappon reports using:

“Lord, make me an instrument of your peace;
where there is hatred, let me sow love;
where there is injury, pardon’
where there is doubt, faith; where there is despair, hope;
where there is darkness, light; and where there is sadness, joy.

O, Divine Master, grant that I may not so much seek to be consoled as to console;
to be understood as to understand; to be loved as to love;
for it is in giving that we receive; it is in pardoning that we are pardoned;
and it is in dying that we are born to Eternal Life.”

²⁷⁹ Ibid., 225. He writes further, “The patient learns to trust the therapist completely. Everything that happens between interviews, or between counseling sessions, is recounted. The past is recalled in detail. Phantasies, daydreams, sleep dreams, are explored thoroughly... The patient understands that unless he empties his mind in the space, as it were, between himself and his therapist, he cannot be helped, he cannot relieve his guilt and be forgiven” (225).

se begins in earnest,” and with that “the *battle* is joined.”²⁸⁰ The therapist must persuade the patient, who will make “a strong attempt to convince the therapist that homosexuality is a *fait accompli*.”²⁸¹ If the therapist “uses other than the gentlest of persuasion or a detached form of persuasion, the patient will respond with increased resistance.”²⁸²

Cappon describes the therapist’s aim to convince the patient that the “H orientation” was “predetermined by circumstances, by life, by other people.”²⁸³ He uses the image of an “automaton” and a “penny-slot machine” to convey the sense that the patient was “passive—putty in the molding hands of a depriving fate, of parents, of seducers and corruptors, of subtle influences” in the “process which started an adult toward an H orientation.”²⁸⁴ “Somebody, some bodies, dropped pennies into his mind when his mind was immature and undefended. In the course of time, he has become like a machine.”²⁸⁵ Insight into the genesis of homosexuality places “*responsibility for change squarely on the patient’s shoulders*.”²⁸⁶ Cappon explains that the “patient can really never again be the same” after becoming “thoroughly imbued with self-realization.”²⁸⁷ He writes, “He has shaken hands with his unconscious, his shadow. This is an unforgettable experience.”²⁸⁸ The patient is faced with a decisive decision:

When patients have thoroughly understood why they became homosexually orientated and why they acted out, when they have acknowledged that the abnormal sex behavior can be stopped, when rationalizations about homosexuality in ancient times and in other cultures have been defeated, when the dialogs on

²⁸⁰ Ibid., 211, my emphasis.

²⁸¹ Ibid.

²⁸² Ibid., 220.

²⁸³ Ibid., 165, 230.

²⁸⁴ Ibid., 193, 231; 231, 165.

²⁸⁵ Ibid., 231.

²⁸⁶ Ibid., 228, original emphasis. He writes further, “*The realization of having been an automaton challenges the very being to assume control of its own destiny*” (231, original emphasis).

²⁸⁷ Ibid., 228.

²⁸⁸ Ibid.,

values have been lived through, when the mind in its present functioning has been exposed continuously and painfully, then there is nothing left to do but to decide whether to remain an H person or not.²⁸⁹

The patient's decision to "[rebel] against continuing to be an automaton" does not *de facto* alter the patient's condition.²⁹⁰ Cappon explains rather that "[i]f the patient demonstrates, consciously and unconsciously, a determined intention, a strong wish to be rid of homosexuality, to render it alien to his ego, then a series of emotionally powered and crucial sessions ensue."²⁹¹

The successful course of therapy should catalyze a "change in imagery": "The sexual object or image is transformed from the homosexual, going, midway, through a hermaphroditic phase, into desirable images of the opposite sex."²⁹² Cappon writes further:

The masturbatory phantasy will change. Then the day dawns when phantasy becomes reality. Of course, there are resistances, setbacks, flights, and returns. But once the change in imagery is firmly established, it will be recreated in reality. Then the inner change extends outside and the process of therapy is complete.²⁹³

A central therapeutic goal is to "undo," "depattern," and "dehabituate" the patient's *behavior*—to "inhibit the H activity" and "to encourage heterosexual performance."²⁹⁴

²⁸⁹ Ibid., 226.

²⁹⁰ Ibid., 193. He writes further, "It has been one of the greatest disappointments of hopeful psychotherapists and of those who had faith in man's reasoning power, to find that merely understanding *why* a thing happened to a person, does not automatically wipe out or even alter the effect of the happening" (226).

²⁹¹ Ibid., 226.

²⁹² Ibid., 258-9.

²⁹³ Ibid., 259.

²⁹⁴ Ibid., 235; 214, 234. Cappon writes further, "Ultimately, all therapy is aimed at altering behavior in such a way as to render it more appropriate to the environment, more adaptive... The idea is that, having exercised the insight to realize how and why homosexuality exists, the patient still has the task of breaking the patterns of behavior connected with it" (209, 235).

For this “retraining is required.”²⁹⁵ Cappon describes “the undoing of the H problem” as “reform[ing] the personality,” as “the recreation of aspects of a personality and watching it grow healthier and more vigorous by day and by night.”²⁹⁶ Cappon explains that “[n]ot many branches of medicine can claim [as] much therapeutic success” as the treatment of homosexuality.²⁹⁷ One-fifth of patients should “be completely cured of what ailed them.”²⁹⁸ “Cure” is portrayed as the birth of a new self: “‘Something died in me’ is one of the ways in which the end of therapy (and other endings) may be described. The thing that should die is the neurotic self. A new self is to be reborn.”²⁹⁹

Conclusion

This chapter has examined some of the ways in which pastoral counseling was entangled with American psychiatry. Many pastors engaged the popular writings of psychiatrists like Bergler and Henry. Religion and guilt were decisive issues surrounding the sexual issues of many patients in the case records of the Henry Foundation. By the mid-1960’s, a decade after Hiltner’s first discussion the possibility of a “will to change,” many other pastors were considering the possibility that homosexuality could be cured. Some were less concerned with sorting conceptual issues than with engaging the practical need for counsel. A major shift in the work of Russell Dicks, whose early writings state

²⁹⁵ Ibid., 236.

²⁹⁶ Ibid., 235, 267.

²⁹⁷ Ibid., 264.

²⁹⁸ Ibid. He writes, “in any group of 150 psychiatric patients, one should be able to expect one-fifth, or 30 patients, to be completely cured of what ailed them; two-fifths, or 60 patients, to be cured of the main problem they presented; and three-quarters, or 120 patients, to be *markedly* improved. This is certainly more than one lost sheep returned to the fold. In the author’s opinion, this is not good enough” (264).

²⁹⁹ Ibid., 249.

explicitly that homosexuality is not a pastoral problem, centers on the recognition that homosexuality was indeed an issue that many unprepared pastors faced.³⁰⁰

The assumption that homosexuality was a medical problem shaped the growing body of liberal Protestant thought on the issue.³⁰¹ Many pastors and psychiatrists alike considered the therapeutic treatment of homosexuality to be both a medical and a pastoral endeavor. Wayne Oates writes that the “person involved in homosexual behavior” can usually be helped by “clinically trained pastors” while the “overt, preferred, homosexual person” might require a “therapeutic relationship to a psychiatrist.”³⁰² E. Mark Stern, a consulting psychologist for the George W. Henry Foundation in 1956 and 1957, noted this joint therapeutic work in an essay originally delivered as a lecture at the first

³⁰⁰ Robert Wood’s pioneering book, *Christ and the Homosexual* (1960), conveys a similar practical need. The book opens with imagined “snapshots” of unresolved pastoral counseling sessions with homosexuals. “And the pastor,” Wood writes, “what was he to say?” The book criticizes the Church’s failure to provide adequate “material on counseling with the homosexual”—adequate “spiritual help” for the homosexual’s “bewildering and soul shattering journey through the labyrinths of abnormal sex.” See Robert W. Wood, *Christ and the Homosexual (Some Observations)* (New York: Vintage Press, 1960), 22-26, 119, 95.

³⁰¹ Not only liberal Protestant authors reflected on these issues. The construction of homosexuality as a problem that required both medical psychotherapy and pastoral counseling permeated Christian thought on the topic. For theological uses of medical imagery for homosexuality, see Karl Barth, *Church Dogmatics* III/4, trans. A. T. Mackay, T. H. L. Parker, Harold Knight, H. A. Kennedy, J. Marks and ed. G. W. Bromiley and T. F. Torrance (Edinburgh: T. & T. Clark, 1961), 166, and Helmut Thielicke, *The Ethics of Sex*, translated by John W. Doberstein (New York: Harper & Row, Publishers: 1964), 269-287. Catholic authors also engaged the issue of pastoral counseling with homosexuals before the official documents of the Congregation for the Doctrine of the Faith in 1976 and 1986. See especially George Hagmaier and Robert W. Gleason, *Counseling the Catholic: Modern Techniques and Emotional Conflicts* (New York: Sheed & Ward, 1959), 94-112, 228-238; John R. Cavanagh, *Counseling the Invert* (Milwaukee: The Bruce Publishing Company, 1965); Gerald Vann, *Moral Dilemmas* (London, Collins, 1965), 79, 97-108; and Michael J. O’Brien, *An Introduction to Pastoral Counseling* (Staten Island: Alba House, 1968), 58-59, 222-226. There were fewer publications on pastoral counseling and homosexuality by evangelical Christians. One exception was the work of psychologist Clyde M. Narramore. See especially Clyde M. Narramore, *Life and Love: A Christian View of Sex* (Grand Rapids: Zondervan Publishing House, 1956), and Clyde M. Narramore, *The Psychology of Counseling: Professional Techniques for Pastors, Teachers, Youth Leaders, and All Who are Engaged in the Incomparable Art of Counseling* (Grand Rapids: Zondervan Publishing House, 1960), 206-236.

³⁰² Wayne Oates, “Homosexuality” [n.d.], Wayne E. Oates Papers, Z. Smith Reynolds Library, Wake Forest, North Carolina.

Workshop of the Association of Pastoral Counseling (1966): “Such people need to know that the doctor—and the Church—are there to raise them up and care for them after they have fallen.”³⁰³ Stern’s language illustrates the widespread language of care for homosexuals that replaced language of moral condemnation. In Stern’s passage, this is a rhetoric that literally hinges on the notion that “the homosexual” is a character who has “fallen.”

Robert Lindner reflects on the widespread medicalization of homosexuality in his 1956 essay:

I suppose the whole matter of the pedestrian approach to homosexuality which “science” apparently confirms can be summed up in a sentence spoken long before there were such creatures as psychiatrists and psychologists, a sentence that might be written somewhere on a cave wall: “A guy must be nuts to do that!”³⁰⁴

The passage identifies a connection between homosexuality and mental illness. But for readers of the pastoral literature, it begs another question. The Reverend Anton T. Boisen’s early studies in psychiatric hospitals also highlighted a connection between homosexuality and mental illness. Have we come full circle? Though the connection Lindner notes is not new, something is decidedly different. Homosexuality is no longer considered a contributing factor to illnesses like dementia praecox; the question is whether homosexuality *is* the “illness.” No longer enclosed by borders of the psychiatric hospital, it could be present in anyone—a touch of everyday madness. Homosexuality is problematized in different ways by the authors analyzed in this chapter. For Bergler and Cappon, homosexuality is the disease itself. For Henry, its emotional effects are what require psychiatric attention. Pastoral engagement with both views illustrates a new

³⁰³ E. Mark Stern, “Understanding the Homosexual,” *Journal of Pastoral Counseling* 11, no. 1 (Spring 1967): 33.

³⁰⁴ Lindner, “Homosexuality and the Contemporary Scene,” 64.

connection between homosexuality and mental illness—one that has shifted from a contributing factor of mental disturbance to a general matter of mental health.

Fabulous Imaginaries: Queer Writing and the Language of Resistance

Perhaps the major function of the poet in society is to use his special sensitivities in the perception and expression of those ideas which the most of us have often felt but have not put into words.

–Mattachine Review editors, 1959

These editorial remarks frame the first publication of Allen Ginsberg’s poem, “The Green Automobile.” The poem was published in the *Mattachine Review*, a journal that brought together various “expert” voices in order to foster better understanding of homosexuality. The publication of “The Green Automobile” elicited a vehement response from American psychiatrist Karl Menninger, who was an elder in his Presbyterian church.¹ Menninger, who interestingly had “been disposed to commend [the] journal,” wrote an outraged letter to the editors after reading Ginsberg’s poem.² In the letter, Menninger denounces the publication of “tricky little glorifications of the illicit.”³ He accuses the journal of “sandwich[ing]... verse of the type represented by ‘The Green Automobile’” between “serious, legitimate articles,” such as the “thoughtful discussions represented by the articles by Professor Ayer and by Dr. Ellis.”⁴ Menninger’s letter introduces a juxtaposition between poetic language and clinical discourse: “However artistic this may or may not be, the theme would seem to be the kind of behavior which is illegal and in the minds of many people pathological. You don’t make it any less illegal

¹ Menninger was a major supporter of Anton Boisen’s work. He collaborated with Seward Hiltner who was a consultant to the Menninger Foundation, a psychiatric clinic that actively engaged matters of religious concern.

² Karl Menninger, Letter to the *Review* editor, *Mattachine Review* V, no. 10 (October 1959): 24.

³ *Ibid.*, 24.

⁴ In the same issue as Ginsberg’s poem, Ayer questioned the desirability of the “contempt” for laws governing homosexual behavior that would likely follow the Wolfenden proposal, and Ellis wrote a critical response to a radio program that featured progressive psychiatric voices.

or less pathological by artistic flourishes about it.”⁵ Menninger reframes homosexuality as a juridical and medical problem in response to Ginsberg’s use of poetic language.

Ginsberg responded with a letter matching Menninger’s outrage. He denounces Menninger’s “[s]peech unworthy of a doctor of the soul” and he accuses Menninger (who wrote from Kansas) of “sound[ing] like an ignorant country hick.”⁶ In his letter, Ginsberg also indicates a relationship between the language of poetry and the language of pathology:

If you think poetic beauty is just a lot of “artistic flourishes,” you don’t know the first thing about Art. “The Green Auto” is a poem, a vehicle for the imagination to fly in, suspending the law of gravity as well as your lesser laws of opinion and pathology. I project an accurate image of my passions in this brief world, telling the truth.⁷

Ginsberg was infuriated that his work was reduced to “mere” artistic flourish, but the exchange raises a larger question. What is at stake in juxtaposing the poetic, the artistic, and the imaginary with the clinical and the pathological? Though the poem makes no mention of pathology or legality, Menninger shows worry and concern, as though use of the poetic creates potential to undo clinical power. Indeed Ginsberg writes that the “laws” of pathology are *suspended* through poetic language and alternate images of telling truths.

Ginsberg notably draws attention to the imagination, which Pascal famously described as the “proud, powerful enemy of reason,” the “mistress of error and falsehood” that produces phantasms that “can unhinge reason completely.”⁸ Pascal portrayed the imagination as something of a dominatrix that is “the part of the human

⁵ Menninger, Letter to the *Review* editor, 24.

⁶ Allen Ginsberg, Letter to Karl Menninger, *Mattachine Review* 5, no. 12 (December 1959): 27.

⁷ *Ibid.*

⁸ Blaise Pascal, *Pensées*, trans. Honor Levi (Oxford University Press, 1995), 17, 16, 18.

being which dominates,” which “makes reason believe, doubt, [and] deny.”⁹ For Pascal, the imagination and its effects are distinct from madness, yet they unsettle reason nonetheless.¹⁰ This chapter centers on mid-century queer imaginaries and possibilities for troubling modern cartographies of reason, for introducing unfamiliar topographies of bodies, and for thinking differently about modern subjectivity. This chapter investigates a question at the center of the exchange between Ginsberg and Menninger. Amidst a regime of clinical discourse, what possibilities do other forms of (imaginative) writing introduce for telling truths about queer life, queer love, and queer piety?

Therapeutic Writing and the “Scattered Self”

The first four chapters of this dissertation analyze the questions and issues that gave rise to some of the most significant new forms of pastoral speech about sex. These chapters trace decisive points at which this discourse was put into practice through new clinical techniques of pastoral training and pastoral counseling. The first four chapters show how the new discourse on sexual development and homosexuality was founded on modern psychological and anthropological conceptions of the self. The analysis carried out in these four chapters centers on a range of clinical sources that include hospital case histories, scholarly monographs, medical guidebooks, and correspondence between pastors and psychiatrists.

The present chapter is in a different key. It moves back across the 1950s and the 1960s through poetic, literary, and autobiographical accounts. Though clinical discourse formed the dominant language for sexuality, distinct experiences were recorded and produced through different genres. This chapter recovers some of them through readings

⁹ Ibid., 16, 17.

¹⁰ Ibid., 16. He writes, “I am not speaking of mad people, I am speaking of the wisest, and it is amongst them that imagination has the overriding right to change their minds” (16).

of letters, poetry, and fiction. The purpose of this chapter is not to record an exhaustive history so much as to stage striking uses of humor, beauty, irony, and parody to critique the dominant clinical discourse while imagining sexual bodies beyond regimes of clinical expertise.

At stake in the rehabilitation of these alternate modes of writing is the viability of the subject assumed by modern clinical discourse. This clinical subject is defined by a dichotomy between order and disorder. The ordered self is described as a unified personality marked by habituated adept “adjustments” and laudable heterosexual achievements. The disordered self is literally labeled with medical pathologies and figuratively portrayed as wondering, lost at sea, torn, and shattered. In this conception of subjectivity, to heal is to make whole, to unify, to facilitate a re-orientation. This chapter shows the inadequacy of this view. The queer writings in this chapter are used to depict subjectivity as an activity, a practice of negotiating everyday life and of boldly envisioning it in other ways. This approach does not celebrate “unified” selves. Rather, it engages a self that remains fractured, masked, and in flux—what Leo Bersani identifies in “the most radical modern writing” as a celebration of “marginal or partial selves,” of “a disseminated, scattered self which resists all efforts to make a unifying structure of fragmented desire.”¹¹

This chapter suggests that it is precisely the discord and friction in the divided self’s constant turning over on itself that produce glimmers of imaginative possibility. The chapter examines expressions of queer subjectivity through a mosaic of writings that undo rigid concepts and stable selves. The writings considered in this chapter are not

¹¹ Leo Bersani, *Baudelaire and Freud* (Berkeley: University of California Press, 1977), 3.

presented as personal testimony and therefore impervious to rivers of criticism. Nor are they presented as mere dim reflections of their historical context. Indeed, these writings bear indelible marks of both private lives and particular socio-political contexts. But what is most compelling in them is the possibility of sparking new meaning and fresh critique that interrupts complacent rhythms of life.

There is a substantial body of literature on shifting political, social, and medical understandings of sexuality in mid-century America. This chapter adds neither a survey nor a standard historical narrative. Rather, the mosaic of writings selected here illustrates distinct ways that people navigated and reimagined the dominant conceptual architecture around queer love. This chapter argues that through a plurality of techniques, individuals formulated alternate images of queer selves that often remained scattered and divided. The imagination was essential in the most incisive critiques of clinical discourses.

Of Masks and Mattachinos

Mid-century accounts of queer life and queer love convey a fraught complexity. Despite murmurs of opposition to the criminalization of same-sex acts, the dangers of public speech and open participation in queer communities strained individual lives and relationships. Fictional and autobiographical accounts depict what was for many a dire struggle alongside bold possibilities for living through it. Queer writing took many forms. Readers embraced pulp editions of novels by Ann Bannon and Gore Vidal, and the poignant portrayals of queer love in the writing of James Baldwin and Christopher Isherwood. But the archives of homosexual rights organizations suggest that for many, writing was also an everyday practice of constructing, questioning, and fracturing queer subjectivity.

Perhaps because it afforded a certain anonymity, writing was a key space to navigate queer life. Anonymity, however, was not only important because it prevented self-disclosure. It also opened experimental space to try on new forms of expression and critique. Queer writers engaged the question of how to speak truths of bodies and sex amidst a regime of legal persecution in tandem with medical pathologization. While some engaged the dominant clinical discourse on its own terms, others found imaginative and subversive engagement to be a more effective approach to navigating the emerging languages of power over sexual lives. Authors used parody, irony, and humor, for example, to set subversive language in motion. The name of one of the earliest American organizations for homosexual rights, the Mattachine Society, centers on just such a character. The *mattachino*, a medieval Italian court jester, is a figure nested in monarchical power, a figure that marks a point of resistance. Literally a “professional fool,” these “prophets of nobility... dared to speak the truth” through humor and performance.¹² Like the *mattachino*, archives of poetry, fiction, and narrative re-telling utilize masks and satirical performances to critique and re-envision discourse on the body.

Much of the material examined here was selected from archives of early homosexual rights organizations.¹³ With some exceptions, most of their clients, readers,

¹² “Mattachine—What does it Mean?,” *Mattachine Review* 1, no. 6 (November-December 1955): 29.

¹³ For histories and context around One, Inc., Mattachine, and the Daughters of Bilitis, see John D’Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States 1940-1970* (Chicago: The University of Chicago Press, 1983), Lillian Faderman and Stuart Timmons, *Gay L.A.: A History of Sexual Outlaws, Power Politics, and Lipstick Lesbians* (New York: Basic Books, 2006), Marcia M. Gallo, *Different Daughters: A History of the Daughters of Bilitis and the Rise of the Lesbian Rights Movement* (New York: Carroll & Graf Publishers, 2006), Craig M. Loftin, “Introduction,” *Letters to ONE: Gay and Lesbian Voices from the 1950s and 1960s*, ed. Craig M. Loftin (Albany: SUNY Press, 2012), Eric Marcus, *Making History: The Struggle for Gay and Lesbian Equal Rights, 1945-1990, an Oral History* (New York: HarperCollins Publishers, 1992), Eric Marcus, *Making Gay History: The Half-Century*

and authors were white and they had middle class incomes. While the Daughter of Bilitis published material written by women, this archive of material is substantially smaller than the archives of One, Inc. and the Mattachine Society, which are largely comprised of male authors. This chapter does not offer a representative sample of mid-century queer lives. Rather, it presents illustrative pieces that show some of the different techniques that individuals used to reimagine their bodies and desires.

The stated purposes of Mattachine and ONE were to gather and disseminate information. However, the editors also offered support, advice, and counseling. Many individuals sent letters denouncing the futility and injurious effects of counseling and psychotherapy. Some sought more effective therapeutic relationships. These often developed in written correspondence. The archive of letters (especially from the Social Service Division at One and from psychiatrist Blanche Baker's advice column in *ONE*) is astonishing, both in content and in quantity. The letters preserve some of the ways people navigated dominant clinical discourse over their sexual lives. They also describe failed forms of religious life, and in some cases, attempts to create new forms of spiritual practice.

Several figures involved with the early homosexual rights organizations sought alternate forms of queer life and community. Some joined the Prosperos, a "spiritualist" "ontological group" founded by Thane Walker. The group was named for a figure in the *Tempest*—the magician, a figure that Randall Styers describes as "incorrigibly queer," an

Fight for Lesbian and Gay Equal Rights (New York: HarperCollins Publishers, 2002), and C. Todd White, *Pre-Gay L.A.: A Social History of the Movement for Homosexual Rights* (Urbana and Chicago: University of Illinois Press, 2009).

“archetype of the nonmodern—or antimodern—subject.”¹⁴ Walker’s lectures on sex inspired a handful of the Daughters of Bilitis to join—most notably, Stella Rush, whose unpublished short story, “Baudelaire’s Dream,” exemplifies the use of parody to critique modern clinical language.

The following sections examine exemplary pieces of writing that critique the psychoanalytic anthropology at stake in modern medical and religious thought. The first section examines early gestures towards the use of alternate science to justify diverse sexual lives. Some expressed hope that studies of the genetic aspects of homosexuality would cast doubt on the dominant psychoanalytic view of homosexuality as an acquired pathology. Others found different ways of dislodging the dominant language. The second section turns to writings that constitute techniques of therapeutic *unsaying*. The final sections turn to two texts that exemplify imaginative critique, “Baudelaire’s Dream” and “The Green Automobile.” These sections show how both pieces critique modern clinical dominance over bodies and sex through the creation of an embodied magical *unrealism*. These writings offer new languages for re-imagining bodies and sex, and rich resources for engaging the regime of clinical discourse on love and desire—a therapy for deeply ingrained patterns of clinical (self-)analysis.

A Modern Messianism

“YOU SHOULD READ EVERY ARTICLE AND BOOK BY DR. FRANZ JOSEPH KALLMANN, MD.”¹⁵

—Letter to ONE, Inc., 1955

¹⁴ Randall Styers, *Making Magic: Religion, Magic, and Science in the Modern World* (Oxford: Oxford University Press, 2004), 183, 191.

¹⁵ Letter to William Lambert, February 14, 1955, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

To argue that archives of queer letters and fiction can be used to construct a counter-discourse is not to make the general statement that mid-century gays and lesbians unanimously refused the entire constellation of scientific, psychiatric, psychological, and psychoanalytic languages used to make sense of “homosexuality.” Indeed, presuming the very possibility of the simple option to refuse or appropriate clinical language ignores the fact that many of its categories, assumptions, and patterns of thought were shared by broader intellectual and cultural patterns of understanding the human self. More interesting are the ways in which people navigated clinical discourse from within a shared epistemological framework. While this chapter is primarily concerned with forms of language that give a more robust account of queer love, these accounts are often intertwined with clinical discourse, even if in the form of camp or parody. Some people, however, turned to alternate strands of modern science with hope that it would authorize their queer desire.

A letter hand-written in blue ink to psychiatrist Blanche Baker (1950) expresses this sort of hope.¹⁶ “AL from Mexico” describes his interest in an article he read that considers homosexuality in the context of inheritance and identical twins. He explains that the article provoked his own “very different and (unfortunately) not too scientific an investigation on this subject.” AL writes that everyone in his “large group of ‘gay’ friends” has a gay relative. He describes the significance of his study:

I submit this information to you at “One” so you can let some of my fellow readers find out about themselves... [M]aybe in the future we can establish a greater knowledge of why people are gay and society will come to realize that if what I’ve discovered is true, society would do better to let homosexuals be, than

¹⁶ Letter from “AL from Mexico” to Blanche Baker, March 25, 1950, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

to try to force us into marriage and child bearing which would probably just lead to a greater increase in our numbers which is definitely what they don't want.

In AL's view, if genetic inheritance is the reason "why people are gay," attempts to encourage homosexuals to take up heterosexual patterns of living are futile. He describes a hope that genetic research might lead to social change; that society might simply "let homosexuals be."

The most widely read research on homosexuality and genetics was the work of Franz Joseph Kallmann, a German psychiatrist forced to emigrate in the 1930s. Kallmann's 1952 article, "Comparative Twin Study on the Genetic Aspects of Male Homosexuality," was heralded as a pioneering work in establishing the genetic basis of homosexuality.¹⁷ For readers like "AL," the promise of this kind of research was that evidence that homosexuality was a genetic inheritance would challenge social scorn and judgments of homosexuality as a moral failure, and subsequently, the very possibility of understanding homosexuality as a juridical problem.

Kallmann, however, is a peculiar choice for a heroic figure. His primary research interest was not in sexuality but rather the genetic or organic bases of mental disease and disorder. Kallmann was a prominent forerunner to the wave of "biological psychiatry" in the 1970s that some say ended the American frenzy of interest in psychoanalysis.¹⁸ His study of homosexuality was preceded by a study of the genetic basis of schizophrenia in which Kallmann used the "twin study method" in New York public asylums.¹⁹ While he draws conclusions about the genetic basis of schizophrenia with bold confidence,

¹⁷ Franz J. Kallmann, "Comparative Twin Study on the Genetic Aspects of Male Homosexuality," *The Journal of Nervous and Mental Disease* 115, no. 4 (1952): 283-298.

¹⁸ See for example, Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, Inc., 1997), 239-187.

¹⁹ Franz J. Kallmann, "The Genetic Theory of Schizophrenia," *American Journal of Psychiatry* 103, no. 3 (November 1946): 309-322.

Kallmann is clear that they do not necessarily refute analytical accounts.²⁰ He maintains the possibility that schizophrenic psychoses develop under unusual life conditions—what he adds is that they require an inherited predisposition. Indeed, Kallmann’s genetic theory of schizophrenia asserts that it can be both prevented and cured.²¹

Kallmann’s study of male homosexuality sought to again employ the “twin study method.” This time, however, the difficulty arranging laboratory tests and engaging “*distrusting* research subjects” produced a “generally unsatisfactory state of information.”²² The most promising avenues are tethered to comparisons to the “schizoid personality structure.”²³ Kallmann notes that in some cases, “overt homosexuality” is consistent with “schizophrenic episodes either before or after the manifestation of their homosexual tendencies.”²⁴ As in the study on schizophrenia, Kallmann explains that the “habitual fixation” of “the object of a person’s sexual striving” requires the “pre-existence of the organic components of sexuality.”²⁵ These “pre-existing organic components” do not, however, indicate that “sex-controlling genes are suspected genetically of being able to determine the final choice of a sex partner.”²⁶ In other words, genetic inheritance does not determine that one will have homosexual desires and behaviors, and that perhaps like Kallmann’s study of schizophrenia, homosexuality might still be altered through analytic psychotherapy.

²⁰ Ibid., 320.

²¹ Ibid., 321.

²² Kallmann, “Comparative Twin Study on the Genetic Aspects of Male Homosexuality,” 283, 286, original emphasis. Kallmann describes the need for such research: “It is also undeniable that the *urgency* of such additional work with respect to the genetic aspects of homosexual behavior is underscored by the ominous fact that adult homosexuality continues to be an inexhaustible source of unhappiness, discontent, and a distorted sense of human values” (296, original emphasis).

²³ Ibid., 294.

²⁴ Ibid., 291.

²⁵ Ibid., 284.

²⁶ Ibid.

The interest in the science of genes and inheritance that surrounded Kallmann's work in the 1950s was reanimated through the wave of scientific papers on the "gay gene" in the 1990s, most famously through the work of Dean Hamer.²⁷ The hope that this science would be salvific should be examined with a hermeneutic of suspicion for three reasons. First, as Kallmann concludes in his parallel study of schizophrenia, an organic basis would not necessarily pose any challenge to psychoanalytic understandings and approaches to treatment. Second, the assumption that genetic research is necessarily tethered to progressive social change is haunted by specters of eugenics and gross abuses of genetic logic. Finally, the very questions and assumptions guiding research like Kallmann's perpetuate the paradigm of "homosexuality" as a medical pathology. Despite these matters for concern, some looked to genetic research with hope that it would challenge and supplant the dominant psychoanalytic paradigm of understanding and treating homosexuality, and that it would lead to greater social acceptance. Others questioned and challenged the dominant clinical paradigm from within its discourse, seeking ways to use its own language and assumptions to take it apart, to unsay pervasive practices of therapeutic speech.

Therapeutic Unsayings

Psychoanalytically oriented conceptions of homosexuality made up the dominant cultural understanding of queer love and desire. These conceptions also formed rubrics that many people used to make sense of themselves. An "organist and choir director of a local Methodist church," for example, explores ways in which the "feelings and desires

²⁷ See Hamer et. al., "A linkage between DNA markers on the X chromosome and male sexual orientation," *Science* 261, no. 5119 (16 July 1993): 321-327, and Dean Hamer and Peter Copeland, *The Science of Desire: The Search for the Gay Gene and the Biology of Behavior* (New York: Simon & Schuster, 1994).

of a homosexual” that he experiences “stem from [his] childhood” in a letter to Blanche Baker.²⁸ Other authors playfully engaged these conceptions and the psychotherapeutic processes used to unravel them. “Merry Stewart” reflects on his experience in therapy in a letter to Blanche Baker: “During my own 4½-year analysis I had occasion to recall my mother’s constant admonitions in behalf of ‘pure thoughts.’ (I succeeded admirably, but something had to take their place.) (So here I am – loving all mankind and all kind men.)”²⁹ Some authors sought ways to question and reveal the limits of modern thought from within the dominant discourse. Their writing suggests possibilities for deconstructing the hegemonic conceptual architecture around queer love. This section considers three texts that perform this sort of critique.

In 1959, a man named James A. Fields wrote a letter to Blanche Baker that critically engages the dominant discourse on sexuality. Fields gives the letter a title, “Thoughts I Wonder About.” Throughout the letter, the use of wonder to signify both speculation and stun expresses confusion and insecurity alongside insight into common patterns of psychiatric thought. Much of the letter is composed as series of questions. Fields suggests at one point that others might write letters in response. Perhaps he even hoped to elicit answers. But the form of writing *questions*, more subtle than scathing critique, also functions to gently dislodge deeply fixed assumptions about their answers:

What is it that made me admit to myself at a not-too-early age that I am a homosexual? Am I?... Why is it when another man, who feels as I do, looks into my eyes, and sees there the signs, why do we become attracted to each other?

²⁸ Letter from Thomas Mullikin to Blanche Baker, November 8, 1959, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

²⁹ Letter from Stewart R. Manville to Blanche Baker, August 17, 1960, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

Why do we fall in love? Is it genes, glandular imbalance, or is it just because it is the way I am?³⁰

Fields casts doubt on the dominant discourse supposed to make sense of his sexual life.

He rehearses the pervasive psychiatric answers to questions about his attractions:

Psychiatrists, I am told, would try to explain why I am like I am. They would try to say that I had great mother love, that I was tied to her apron strings. This is not true. I loved my mother as any normal boy would when she was dear and kind, a loveley [*sic*] lady devoted to her family.³¹

Fields notes the related assumptions that would surround his father, that he “was brutal, unkind, a drinking man, and never gave [him] affection,” and he repeats his negation, “not true.”³²

A line of lamentation follows Fields’ refusal that his relationship with his parents troubled his sexual development. “How many times have we heard this psychiatric excuse for homosexuality, philosophizing that perhaps, in knowing of family discords it could suddenly, as if by magic, normalize one.”³³ Fields reverses connections tethered to the category “normal.” He links normalizing with *magic*, which was held by many modern minds in opposition to science. Fields similarly engages the category “nature,” and he inverts psychiatric analysis surrounding the term. “Do not the psychiatrists claim that people like me are frustrated? I would not be if I were allowed to live the life Nature intended I should.”³⁴ Fields identifies the psychiatric symptom (here, frustration) and tethers it not to his queer desire, but to the prolonged effort to *mask* this queer desire. The

³⁰ Letter from James A. Fields to Blanche Baker, October 29, 1959, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

³¹ *Ibid.*

³² *Ibid.*

³³ *Ibid.*

³⁴ *Ibid.*

letter subverts the categories “normal” and “nature” by re-deploying them against their common usage.

Fields’ letter works to dislodge the psychoanalytic framework commonly used to make sense of sexual life through series of questions and expressions of wonder. A letter from Horace Smith to Blanche Baker in 1960 takes a similar tactic in questioning medical authority over sexuality, but makes stronger claims that propose alternative frameworks. Smith addresses the understanding of homosexuality as a sickness and notes how deeply it has become ingrained: “We have been saturated ad nauseum with propaganda telling us that we are mentally ill. We don’t know how to avoid the use of the term.”³⁵ Like Fields, Smith uses a chain of questions to prod the un-interrogated medical authority over queer love:

I should like to know by whose authority does the psychiatrist tell me that I am sick? By what authority is the dogma proclaimed that homosexuality is a sickness and mental disease that can be and must be cured? What special insight does the psychiatrist have that enables him to find a cure for homosexuality?³⁶

Smith takes issue with the assumption that the psychiatrist “alone holds the key to sanity and mental health.”³⁷ He describes reading “casebooks filled with stories of homosexuals who have been cured by these doctors.”³⁸ Far from an objective portrayal, he notes that “information is selected to satisfy the doctor’s diagnosis” and he identifies patterns of discursive tactics used to produce the illusion of efficacious treatment.³⁹

Smith’s letter does not simply question medical authority over sexual issues; it highlights the question of why people turn to different sources of consolation in the first

³⁵ Letter from Horace Smith to Blanche Baker, May 16, 1960, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

place. The letter begins with a meditation on loneliness. It narrates a search for solace that moves from the minister to the psychiatrist's couch:

Some being willing to try anything once to fill up the emptiness within turn to religion. He tries. But fails. The reasons are numerous; and yet, the reason at the top is most likely that he has had a clash with the priest or the minister. Statistics might indicate that as men fall away from religion they flop onto doctor's couches. Undoubtedly there are many fine people in the field of psychiatry but there are also a lot of dangerous people. I take issue with those who tell us that homosexuals are mentally ill, that homosexuality is a sickness.⁴⁰

The letter concludes with several notable paragraphs. Smith argues that there is a "great need for a return to the psychology of the Scholastics."⁴¹ In Smith's view, the conceptual architecture of modern thought about sexuality rests on a mistaken view of human nature. Under the prevailing view of human nature, he writes, "we are inevitably forced to accept the peculiar behavioristic doctrines of the psychiatrists who proclaim magic cures."⁴²

Smith's social critique culminates in religious language. He asks, "Do we not also have to begin with the definition of man that goes something like this: 'Man is a being composed of body and soul, created by God and destined for eternal happiness in heaven?'"⁴³ Smith uses this image to illustrate something absent from "the enslaving systems of materialism and mechanism."⁴⁴ Notably, many pastors who sought to understand and treat sexual matters used this very image of body and soul together to justify their embrace of medical expertise.

Both letter writers question the dominant conceptual apparatus and the therapeutic practices that it entailed. An article published in *The Ladder* (1965) under the name "E.N." offers a more extensive attempt to dislodge the framework patterning thought

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

about queer love. E.N. narrates her experience in psychotherapy alongside the alternate sexual life that she embraced.

The facetious title, “Why I became a Lesbian,” refers to the psychoanalytic accounts of sexuality that the article seeks to undo. It opens with laughter and amusement at expert speech on “lesbianism.”⁴⁵ E.N. tethers the article to her intimate familiarity with the “expert” approach through a candid disclosure: “I have undergone intensive psychotherapy.”⁴⁶ The article is framed as “dispel[ing] a few common misconceptions about the ‘typical’ lesbian.”⁴⁷ Its narrative begins with a sort of ritual or liturgical speech:

I did not become a lesbian
because I was raped in childhood or adolescence or
because I was cruelly treated by any man.
I did not become a lesbian
because I had a drunken or tyrannical father who
mistreated me or my mother, or because any
individual soured me on the male sex.
I did not become a lesbian
because I am physically mannish. (At age 14 I
started drawing wolf whistles from the truck drivers
and I still do.)
I did not become a lesbian
because I was seduced by a ‘butch’ girl.⁴⁸

These lines begin unsaying the title’s promise to give an account of “why [E.N.] became a lesbian.” They deny many reasons that would likely be presumed. E.N. does not, however, offer an alternative account. Rather, through the repetition of the key phrase, “I did not become a lesbian,” she negates the very pattern thought that looks for the experiences that produced sexual deviance.

⁴⁵ E.N., “Why I Became a Lesbian,” *The Ladder* 9, no. 10 and 11 (July-August 1965), 9.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid., my formatting.

The rest of the article (indeed, the bulk of the article) is not an account of how E.N. became a lesbian; rather it narrates the biography of a queer relationship. E.N. describes “moments of supreme happiness” doubled with “gnawing misery” and the “great anguish and turbulence” that she and her partner experienced. E.N. describes herself as “a bookish child who avoided rough games,” who later had dreams of becoming an actress or an artist.⁴⁹ She recalls that when she and Lynn met in college, both were “fiercely ambitious and contemptuous of what she considered feminine subservience.”⁵⁰ Friends began to drop “dark hints about ‘unhealthy relationships.’”⁵¹ Her parents “got wind of the rumors” and “again that frightening word ‘unhealthy’ arose.”⁵² These reactions produced feelings of guilt and shame, and E.N. was eventually driven to seek psychiatric care:

This situation continued for several years. At last I went to a psychiatrist. For years the doctor and I poked and prodded my psyche at several sessions a week. I accepted his diagnosis completely. I, like all men and women, was basically bisexual. I, like all homosexuals, chose one of my own sex to love because I was unconsciously afraid of intercourse with men.⁵³

E.N. sought to overcome these unconscious fears: “I began to date men and to have physical relations with them. My first sex experience with a man was far from satisfactory, but gradually I came to fully enjoy heterosexual love-making and I was twice on the verge of marriage.”⁵⁴ She continued to see Lynn during her analysis. E.N. contrasts her relationship with Lynn with her relationships with men. “Only when I was

⁴⁹ Ibid., 10.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid., 11.

⁵³ Ibid.

⁵⁴ Ibid.

with her did I feel fully myself. I didn't have to pretend to be interested in things that bored me, to act coy, to laugh at bad jokes or subtly flatter her."⁵⁵

In her relations with men, by contrast, E.N. felt "bored and burdened by the apparent necessity to turn [herself] into the kind of object that aroused their sexual interest."⁵⁶ Eventually, "after having spent thousands of dollars plus an enormous investment of time and suffering," she realized "quite simply" that she did not want to be in a relationship with a man.⁵⁷ She found "freedom from guilt and shame," and her "sex life [with Lynn was] better than it [had] ever been."⁵⁸ E.N. inverts the trope of a personality that has been twisted out of shape, which was often used to account for queer love. She describes her decision to be with Lynn: "I realized... that I wanted to be me – an ambitious, creative woman who needed a love that would not force her to distort her personality."⁵⁹ In E.N.'s account, a distorted personality is produced through heterosexual relationships, not her relationship with Lynn.

E.N.'s opening mantra, "I did not become a lesbian," opens space to challenge dominant psychoanalytic accounts of her sexual life. She crafts a narrative that parallels the self she was supposed to become with the (better adjusted) self that she was. This narrative functions as a negative anthropology, one that performs an unsaying of the modern healthy wholesome self. E.N.'s essay and the letters from Fields and Smith illuminate modern patterns of thought around sexual matters and the medical authority over sex that undergirds that thinking. All three of these texts engage the dominant discourse from within the discourse. They use clinical discourse to question, lament,

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid., 11-12.

⁵⁸ Ibid., 12.

⁵⁹ Ibid., 11-12.

challenge assumptions, reverse meanings of key categories, and to negate psychoanalytic anthropologies. These techniques of therapeutic unsaying work to dislodge psychiatric authority over queer love. The following two sections analyze two texts that take a different approach to challenging the dominant discourse on sexuality. Rather than critiquing clinical discourse from within, these pieces create imaginative spaces and alternate languages of critique. In doing so, they offer illustrations of the most subversive ways to engage modern languages of power.

A Parody of Clinical Discourse

Imaginative critique of the dominant clinical discourse on bodies and sex is exemplified by the unpublished short story, “Baudelaire’s Dream.” Stella Rush, a reporter and an editor for *ONE* (1953-1961) and for *The Ladder* (1957-1968), wrote the story in 1959.⁶⁰ The unpublished story was preserved with a letter that Rush sent to Blanche Baker the following year. The story centers on a dream that Baudelaire recorded in a letter to a friend in 1856. This letter was an object of psychiatrist René Laforgue’s psychoanalysis of Baudelaire in his 1932 work, *The Defeat of Baudelaire*. Rush’s main character, Ellis, “re-dreams” Baudelaire’s dream. In the story, Ellis realizes that she had Baudelaire’s dream after reading Laforgue’s book. These three texts each retell the dream: there is Baudelaire’s account in the letter, Laforgue’s psychoanalysis of Baudelaire’s letter, and Rush’s account of Ellis dreaming the dream in the short story. This section examines the three accounts of the dream. It argues that through uses of parody, irony, and the construction of an unreal dream space, Rush’s text offers a

⁶⁰ Rush signs the story with a pseudonym she often used, “Sten Russell.”

subversive critique of the dominant clinical discourse that is typified by Laforgue's account.

The short story is staged at Ellis's writing desk. Unable to complete a writing assignment because of "certain dangers she didn't care to contemplate," Ellis begins crafting a letter to an ex-lover.⁶¹ The ex-lover's name is Jeanne, an allusion perhaps to Baudelaire's lover, Jeannie Duval, who plays a prominent role in Laforgue's psychoanalytic interpretation of the dream. The beginning and the ending of the story narrate the composition of Ellis' letter, which encloses pages recounting dialogues between lovers and the vivid world of Baudelaire's dream. The story houses a key contrast in the language used in the space of writing and in the space of memory. The space of writing develops within the confines of clinical discourse. Much of the letter to Jeanne describes Ellis' uses of psychiatric texts to cultivate self-understanding. By contrast, the dream, which is recounted only in the space of memory, parodies clinical discourse and presents alternate uses of its images and symbols.

The letter to Jeanne opens with Ellis' recently acquired insight into the relationship between neuroses and artistic creativity. She recounts a feeling of revelation, "like one of the most important pieces of my soul has finally found its way home."⁶² Through reading psychiatrist Lawrence S. Kubie's *Neurotic Distortion of the Creative Process*, Ellis learns that artistic creativity is not provoked by neuroses, but that it is manifest *in spite* of a neurosis. "I was left with one clear realization when I finished the

⁶¹ Stella Rush, "Baudelaire's Dream," 1959, ONE National Gay and Lesbian Archives, University of Southern California, Los Angeles, California, 1.

⁶² Ibid.

book,” she writes, “that I was as neurotic as I had even been and that the reason I couldn’t create anymore was because of the stranglehold the neurosis had on me.”⁶³

Ellis’ written communication with Jeanne is mediated by psychological language. Ellis translates her psychic life into language of “the conscious mind,” the “‘pre-conscious’ level,” and the “association of ideas” when she abruptly recalls the dream: “Remember Baudelaire’s dream and how I’d had one almost precisely like it before I’d studied anything about him?”⁶⁴ The story breaks from the letter shortly after this. Her writing is interrupted by the memory of the dream, “so vivid in mood, in color, and strange in nature.”⁶⁵ Even when she first dreamed it, she “had not written it down,” in contrast to Baudelaire himself who immediately recorded it in the letter that became the object of Laforgue’s analysis.⁶⁶ Indeed, Ellis names Laforgue explicitly here, about how she remembered the dream and “the slight ways in which it had differed” from Baudelaire’s letter related in Laforgue’s book.⁶⁷

Vignettes of quarrels and dialogues with Ellis’ lovers past and present follow the narration of the dream. Her lovers try to make sense of the dream. They discuss reincarnation, time-regression, and how strange it was for such “a very sexually satisfied Lesbian” to dream herself as an impotent male.⁶⁸ The story is notable for its portrayal of queer love. Many mid-century accounts in letters and novels alike give beautiful and poignant though painful portrayals. Rush’s story is different in that it does not contain

⁶³ Ibid.

⁶⁴ Ibid., 2.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid., 8.

elements of tragic love or vexed relationships. It narrates a quick history of how Ellis became a lesbian:

She loved the beautiful and strong in both men and women but she felt a bisexual life worked out unsatisfactorily in this society so she had decided young which camp she could make the easiest adjustment to and be the happiest in the long run with, despite society's pressures and prejudices.⁶⁹

The story reframes the clinical language of “adjustment” as a decision for happiness. Ellis’ relationships are depicted as ordinary love stories with almost blithe transitions between them: “Some months later... Ellis had left Mary for greater love,” “A year passed and Jeanne left [Ellis] for a new love.”⁷⁰ When the relationship with Jeanne ended, “Ellis went mad for a time” but “soon, she, too had a new love.”⁷¹ Rather than illustrating relationships fracturing beneath social and legal pressure, the story offers a simple and fresh account—that with all of its pleasures and all of its discontents, queer love happens, and it happens again.

The most significant dialogue recounted is with Jeanne. The dialogue takes place when Ellis had returned from a writing workshop upset that her poetry was compared to that of Baudelaire, “a man of great poetical power who had used that power for darkness.”⁷² At Jeanne’s insistence, Ellis reads *The Flowers of Evil* and discovers that she “most assuredly had been ill-advised about Charles Baudelaire.”⁷³ While some of “his poems were sick, desperately so,” she found that others “were depressed, but keen in insight, tingling with fire.”⁷⁴ Still others “were so beautiful as to be ethereal.”⁷⁵ Ellis

⁶⁹ Ibid., 6.

⁷⁰ Ibid., 5, 9.

⁷¹ Ibid., 9.

⁷² Ibid., 7.

⁷³ Ibid.

⁷⁴ Ibid.

⁷⁵ Ibid.

reacts with the strongest tinge of revulsion to Baudelaire's poem, "Metamorphoses of the Vampire." "What is the matter with this man?" she asks Jeanne, "He has a fine mind and yet equates beauty with evil."⁷⁶ Jeanne's response hints at Laforgue's analysis as she highlights Baudelaire's keen insight: "Dearest, you judge so harshly. What else could he do? He was in love with his mother. His mother was a beautiful woman. He could come to no other conclusion in this society. Beauty is evil if you love it in forbidden places."⁷⁷ Incest is a prominent theme in Laforgue's analysis of the dream. However Jeanne's words are most notable because she presents the story's most incisive social critique with the line, "Beauty is evil if you love it in forbidden places." These words incite a moment of revelation: "Ellis was stunned. Of course, yes, of course."⁷⁸ This leads Ellis to read Laforgue's book, where she discovers that she had "the same dream, the same god-damned dream exactly."⁷⁹

After a quarrel with a new lover over Ellis' difficulty writing, Ellis returns to composing the letter to Jeanne. The final paragraphs of the story are Ellis' final attempts to make sense of her self through the dream in the idiom of modern psychology. Ellis wonders whether the psychoanalysis of the dream should apply to her, she describes feeling "like a whole person," and in the story's final paragraph, Ellis decides that she was attracted to Baudelaire because of "the psychic identity of their problems which must have drawn her to him for a time."⁸⁰ Ellis' effort to cultivate self-understanding culminates in the story's ironic ending. The closing lines follow Ellis' decision that the letter does not need to be revised in light of her newest theory of the dream: "How and

⁷⁶ Ibid.

⁷⁷ Ibid.

⁷⁸ Ibid.

⁷⁹ Ibid., 8.

⁸⁰ Ibid., 13, 14.

who rationalized the dream now did not matter to Ellis. She had the secret in her heart and was well on the road to freedom again.”⁸¹ These final words indicate (again, ironically) that Ellis’ discovery of the most apt psychological language for her connection to Baudelaire will set her “on the road to freedom.” In the space of writing, the story rehearses psychoanalytic accounts of Ellis and the dream. It illustrates the inescapable colonization of Ellis’ psychic space—a performance that culminates in a promise of freedom.

The story’s most significant (and subversive) space takes shape in the dream. The story parodies Laforgue’s psychoanalytical account and opens its symbols in alternate ways. While the space of writing performs a present time colonized by psychological discourse, the dream is recounted in the space of memory, as if to construct an alternate past, a magical past, a history untold. Against the chronicles of psychoanalysis, the story uses other forms of fiction and fantasy to set in focus the modern relationship between science and sex. The Ellis of the dream becomes the reverent subject of a transgressive figure, a monster, which emerges at the center of this nexus.

Baudelaire’s Dream, Rewritten (Again)

Ellis encounters Baudelaire’s account of his dream in Laforgue’s book, the book that performs a psychoanalytic account of Baudelaire’s neurosis. Rush’s story notes that Laforgue was a student of Freud. Indeed, it is Freud to whom Laforgue dedicated his little book. The story refers to Laforgue multiple times, hinting perhaps that it is precisely the psychoanalytical account of the dream that is rewritten. Laforgue reproduces the letter

⁸¹ Ibid., 14.

that Baudelaire composed for his friend, Asselineau, on March 13, 1856.⁸² Baudelaire's stated purpose for the writing the letter is his friend's amusement with the "comical" and also bizarre or strange [*drôle*] dream.⁸³ He notes a difficulty assessing the meaning of "the thousands of dreams with which [he is] besieged."⁸⁴ Their "complete strangeness," Baudelaire writes, "always inclines me to believe that they are a hieroglyphic language to which I have not the key."⁸⁵

The dream is set in the early hours of the morning. Baudelaire arrives at a "large house of prostitution" when he notices his penis "hanging out of [his] trousers, which were unbuttoned," and that his feet are bare.⁸⁶ The building is divided by "enormous corridors" whose walls are "decorated with all sorts of drawings in frames."⁸⁷ He describes it, notably, as "a sort of medical museum."⁸⁸ Each picture was labeled with a description. He finds a "peculiar series of drawings" that represented "bizarre and monstrous and almost shapeless beings, like meteorites" and that "pictured coloured birds, with very brilliant feathers, whose eyes were *alive*."⁸⁹ The drawings in this museum are fossils and artifacts, which with the exception of the birds' eyes are lifeless and still. The drawings are posed as objects of scrutiny, not least for patrons of the house of prostitution.

⁸² Rush's story has the date slightly off at March 12 1856, Rush, "Baudelaire's Dream," 2.

⁸³ René Laforgue, *The Defeat of Baudelaire: A Psycho-analytical Study of the Neurosis of Charles Baudelaire*, translated by Herbert Agar (London: The Hogarth Press, 1932 [1931]), 101, 104.

⁸⁴ *Ibid.*, 101.

⁸⁵ *Ibid.*, 101-102.

⁸⁶ *Ibid.*, 102.

⁸⁷ *Ibid.*, 102-103.

⁸⁸ *Ibid.*, 103.

⁸⁹ *Ibid.*, original emphasis.

Among the inert creatures, just one was alive. “It was a monster that had been born in the house, and who lived forever on the pedestal.”⁹⁰ Baudelaire describes features of the monster’s body at length:

He was not ugly. His face was even attractive, very sunburnt, of an eastern colour. There was a lot of red and green about him. He held himself in a squatting position, bizarre and contorted. And in addition there was something blackish wrapped several times around him and around his limbs, like a great serpent. I asked him what it was. He told me it was an enormous appendix that came from his head, elastic like india-rubber, and so long, so very long, that if he rolled it up on his head like a coil of hair it would be much too heavy, and absolutely impossible to carry, and that therefore he was compelled to wrap it round his limbs, and that in any case this made a much better effect.⁹¹

Baudelaire talks with the monster for a long time. He does not record much detail, only to say that the monster “told [him] of his vexations and his sorrows,” and that for “several years now he had been forced to stay in that hall, on that pedestal, to satisfy the curiosity of the public.”⁹² He recounts the monster’s “chief vexation,” which comes at dinnertime:

Since he is alive, he has to have dinner with the girls of the house, to walk staggering, with his india-rubber appendix, to the dining-room, where he has to keep it wrapped around him, or else to put it on a chair like a package of rope, because if he let it drag along the ground it would pull his head over backward.⁹³

Though Baudelaire has no reservations in speaking to the monster, he makes no physical contact. In the final line narrating the dream, he writes, “I did not dare touch him, but I was interested in him.”⁹⁴ Baudelaire then describes waking up, and finding himself “feeling tired, broken, bruised in the back, the legs, and the hips” presumably because he “was sleeping in the distorted position of the monster.”⁹⁵

⁹⁰ Ibid.

⁹¹ Ibid., 103-104.

⁹² Ibid., 104.

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid.

Laforgue reproduces the letter before “attempt[ing] an interpretation of this dream.”⁹⁶ The stated purpose of Laforgue’s book is neither “to consider Baudelaire’s position in literature” nor “to undertake an analysis of his art.”⁹⁷ Laforgue explains, “For me, Baudelaire is simply a man, a sick man among many others, a victim of life. He is a representative of an army of the misunderstood.”⁹⁸ The book carries out a labor of identifying psychic conflicts, translating symbols, unraveling psychic mechanisms, revealing sexual symbolism, and interpreting Baudelaire’s dream, “which presents a very typical picture from the psycho-analytic point of view.”⁹⁹ Laforgue analyzes the letter describing the dream in a chapter on one of Baudelaire’s symptoms that “no one would expect to find unless he had the daily experience of the psycho-analyst,” that is, “the sexual inhibition which probably existed in Baudelaire.”¹⁰⁰ Though in general it is difficult to find “precise indications on this point,” the dream “seems to [Laforgue] particularly explicit on the subject.”¹⁰¹ The chapter seeks to “relat[e] this dream, with its manifest sexual content, to Baudelaire’s symptoms, and in particular his sexual impotence.”¹⁰²

Laforgue notes a likely “infantile trauma”— that Baudelaire “oversaw the act of coitus and experienced the effects.”¹⁰³ Laforgue interprets the house of prostitution as “the house of [Baudelaire’s] mother,” and as evidence of a primary wish “to attain the

⁹⁶ Ibid.

⁹⁷ Ibid., 17.

⁹⁸ Ibid.

⁹⁹ Ibid., 104.

¹⁰⁰ Ibid., 94.

¹⁰¹ Ibid., 94, 101.

¹⁰² Ibid., 108-109.

¹⁰³ Ibid., 114.

equivalent of incest.”¹⁰⁴ The images in the medical museum are translated as “symbols represent[ing] the dreamer’s ideas of inferiority in regard to his penis, his fear of castration, and probably also the horror which he has of the female organ.”¹⁰⁵ He casts the monster in the dream as “Baudelaire himself, with all his vexations and his enormous head-penis.”¹⁰⁶ The giant appendage is interpreted as Jeanne Duval, the “‘dancing serpent’ which fetters his limbs.”¹⁰⁷ Laforgue writes, “Here Jeanne Duval means only *an organ that comes from his head*, that is a part of him, a sort of black penis which he exhibits everywhere, with which he tortures himself.”¹⁰⁸

In Laforgue’s favorite passage (“the most remarkable”), Baudelaire reflects on the strangeness of “open[ing] a house of prostitution” and putting it in “a sort of medical museum.”¹⁰⁹ In the dream, Baudelaire finds himself confounded by “*this speculation in f[ucking]*.”¹¹⁰ He realizes the significance: “Then I reflected that modern brutishness and stupidity have their mysterious evil turns, by some spiritual mechanism, to the good.”¹¹¹ This line from the letter is key in Laforgue’s reading. He offers the following interpretation:

This spiritual mechanism is the work of censorship; it is the inhibition; it is Baudelaire’s neurosis which, for his unconscious, is a veritable masterpiece intended to turn to the good that which has been made for “evil”; to repress his sexuality (the evil) and to prevent it from ever touching his mother except in a disguised fashion.¹¹²

¹⁰⁴ Ibid., 105.

¹⁰⁵ Ibid., 106.

¹⁰⁶ Ibid., 105.

¹⁰⁷ Ibid., 107.

¹⁰⁸ Ibid., original emphasis.

¹⁰⁹ Ibid., 106, 103.

¹¹⁰ Ibid., 103, original emphasis.

¹¹¹ Ibid.

¹¹² Ibid., 106-107.

Laforge identifies an “inhibition” produced through Baudelaire’s unconscious attempt to “repress” his sexuality, which is marked by his love for his mother—the trope that Rush’s story uses to formulate a social critique.

Rush’s account exaggerates the theater of the dream. Ellis dreams herself “in the form of a delicate, fragile man, and dressed like an impeccable dandy.”¹¹³ On a “very gloomy” night, Ellis finds herself being “drawn through the streets in one of those fancy horse drawn carriages common to the 1890’s or earlier,” which she orders to deliver her to “an old and venerable looking house” that was “really a house of prostitution.”¹¹⁴ The girls in the house are also “dressed in the proper costume of the period she was in.”¹¹⁵ Rush’s account confounds assumptions about sex and gender. Ellis assumes “the form of a man... which she accepted fully in the dream and in no sense as a masquerade,” though Rush uses feminine pronouns for Ellis throughout the retelling of Baudelaire’s dream.¹¹⁶ When Ellis arrives at the house of prostitution, she finds herself, “to her consternation... to be in a shocking state of undress; also, her penis was hanging out.”¹¹⁷

Rush’s account moves immediately to the objects housed by the brothel. In contrast to Baudelaire’s account in the letter, the objects are not drawings, and the space is not quite a museum. Ellis describes objects that are similar to Baudelaire’s description of the drawings: “There were meteorite like things...and stuffed birds with live eyes...and half of a stuffed bird with a live eye...and something which looked like a foetus, all neatly labeled.”¹¹⁸ Rush describes the space differently: “She went down a long

¹¹³ Rush, “Baudelaire’s Dream,” 3.

¹¹⁴ Ibid.

¹¹⁵ Ibid., 5.

¹¹⁶ Ibid., 3.

¹¹⁷ Ibid.

¹¹⁸ Ibid.

narrow hall which had glass cased exhibits of a scientific nature on both sides. She was astounded to see such weird things in such an establishment and almost burst out laughing.”¹¹⁹ In Laforgue’s account, Baudelaire’s interest in the drawings indicates his sexual inhibition.¹²⁰ By contrast, Rush’s account portrays a certain pleasure in their knowledge. “[Ellis] examined the exhibits closely and pleased herself with her exact knowledge of their meaning...both interior and in relation to the establishment they were in.”¹²¹ No longer a distraction from physical pleasure, this is indeed *the* pleasure that Ellis experiences in the dream.

At the end of the hall, in a circular alcove, Ellis sees the monster, sitting “chained to a pedestal.”¹²² She expresses a sense of awe and reverence absent from the original account: “To her dying day she would not forget the living, breathing presence of the poor little chained monster. She edged around him to the divans where she could watch him from a distance.”¹²³ Like Baudelaire, Rush gives an extended description of the physicality of the monster:

He was short... about four feet tall, maybe. He sat hunched up on the pedestal with a long, black india rubber like appendage (which came out of his head) all wrapped around him. He had to wrap it around him to keep from falling over from the weight of it. He was of red and green and dark brown colors, like someone who had been swirled in hot, mixed paints. He had no hair on his body or head and was the most forlorn, misbegotten little creature she had ever seen... He was nude, covered only by the colors of his heavy wrinkled skin and the appendage wrapped full length about him.¹²⁴

She emphasizes the appendage protruding from the monster’s head. “[T]he damned appendage was so long and so heavy that he had to coil it up and carry it, He needed two

¹¹⁹ Ibid.

¹²⁰ See for example, Laforgue, *The Defeat of Baudelaire*, 103, 106.

¹²¹ Rush, “Baudelaire’s Dream,” 3.

¹²² Ibid., 4.

¹²³ Ibid.

¹²⁴ Ibid., 4, 5.

chairs at the table, one to lay his snake-like coil in and one to sit in himself.”¹²⁵ While Baudelaire speaks to the monster, Ellis hesitates. “She watched him in fascinated horror till she got used to the sight of him... steadfastly [she] watched the monster to keep her mind off of her reasons for being in this place.”¹²⁶ After watching the monster talk to “some of the girls in the house,” Ellis decides to converse with him:

He wasn’t half-bad, once she had broken the barrier in her mind against monsters. He told her how he came to be, how he had to be chained there as part of the scientific exhibits, how the house served a dual purpose for mankind, how the only time he got off the pedestal was when it was time to eat—then he was unchained.¹²⁷

When at last the “madam” returns, “some pretext was made that Ellis could not see the girl.”¹²⁸ She explains that she “felt her virility oozing out of her boots” and that “[i]n some strange way the monster had completely unmanned her.”¹²⁹ In each account, sexual encounter is precluded by the scientific world inside the house of prostitution.

Flagrant Surrealism

“The monstrous is the marvelous inverted, but it is marvelous nonetheless.”¹³⁰
—Georges Canguilhem, 1962

The accounts of Baudelaire’s dream are remarkable commentaries on the modern relationship between science and sex. In both Baudelaire’s letter and Rush’s story, the displays of birds in the drawings (Baudelaire) and in the exhibits (Rush) are the first indication that the house of prostitution is simultaneously a house of science. These entrance scenes recall an image of madness from the pseudepigraphical letters appended

¹²⁵ Ibid., 4.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid., 5.

¹²⁹ Ibid.

¹³⁰ Georges Canguilhem, “Monstrosity and the Monstrous,” in *Knowledge of Life*, edited by Paola Marrati and Todd Meyers, translated by Stefanos Geroulanos and Daniela Ginsburg (New York: Fordham University Press, 2008 [1962]), 136.

to the Hippocratic corpus. Mikhail Bakhtin describes Hippocrates' discovery of the "mad Democritus" who is "sitting in front of his house surrounded by dead, disemboweled birds."¹³¹ Democritus "was writing a treatise on insanity and was dissecting the birds in order to localize the center of bile, which he believed to be the source of madness."¹³² Baudelaire and Ellis are not met with piles of bodies. These have been organized, labeled, put on display. A sort of madness memorialized.

The exhibits, of course, are on display in a house of prostitution, a brothel, which in Foucault's famous essay is an image of an extreme type of heterotopia with the purpose "to create a space of illusion that exposes every real space, all the sites inside of which human life is partitioned, as still more illusory."¹³³ But this brothel is not a "real place;" it exists in a *dream*, a space of the imagination, a space with no place, one that is presented only in the unrecorded space of memory. Literally a space of illusion, and yet it does expose certain illusory modern partitions between, for example, deviant sexual conduct and the modern forms of knowledge that confer their perversity.

The dream is not set in a scientific institution, one that houses a sexual laboratory for measuring and dissecting over stainless steel instruments and sterile tile. The dream does not engage tactics of rendering sex suitable for scientific observation. Rather, the dream depicts science in a house of sex. In Rush's account we see a science cast in some sort of sexual servitude, dominated, as though on a studded leather leash, made to pleasure the patrons of the brothel. Rush depicts the failure of modern efforts to protect and purify an objective, neutral, disembodied science. This collusion of science and the

¹³¹ Mikhail Bakhtin, *Rabelais and His World*, trans. Helene Iswolsky (Cambridge, Massachusetts: The M.I.T. Press, 1968), 361.

¹³² Ibid.

¹³³ Michel Foucault, "Of Other Spaces: Utopias and Heterotopias," text, 1967, posted by "MIT," accessed July, 16, 2015, <http://web.mit.edu/allanmc/www/foucault1.pdf>.

sexual marketplace culminates in the figure of the monster, a figure that reveals the complicity of modern science in the production of the very abnormality, perversity, and monstrosity that it is said to police.

The “grotesque” features of the monster’s body mark a transgression. In his work on Rabelais, Bakhtin describes the grotesque body as one that “transgress[es] its own body.”¹³⁴ The “artistic logic of the grotesque image” that retains the body’s “excrescences (sprouts, buds) and orifices, only that which leads beyond the body’s limited space or into the body’s depths.”¹³⁵ He stresses a notion of the grotesque that is not merely “a negation, an exaggeration pursuing narrowly satirical aims.”¹³⁶ Rather, the “deep ambivalence of the grotesque” might be considered as “a negation of the entire order of life (including the prevailing truth), a negation closely linked to the affirmation of that which is born anew.”¹³⁷ In contrast to the grotesque figures that Bakhtin describes, Baudelaire’s monster is also marked as an object of modern science.

Georges Canguilhem examines the figure of the monster in an essay tracing the confounded categories of “monstrosity” and the “monstrous.”¹³⁸ Monsters, he writes, provoke a “radical fear” and a “panicked terror” that are doubled with a “vertiginous

¹³⁴ Bakhtin, *Rabelais and His World*, 317. Bakhtin writes, “The grotesque body, as we have often stressed, is a body in the act of becoming. It is never finished, never completed; it is continually built, created, and builds and creates another body” (317).

¹³⁵ *Ibid.*, 317-318.

¹³⁶ *Ibid.*, 304.

¹³⁷ *Ibid.*, 307.

¹³⁸ Canguilhem’s essay traces the shifting relation between monstrosity and monstrous, two categories “in the service of two forms of normative judgment—the medical and the juridical,” which he writes were “initially confounded rather than combined in religious thought, and then progressively abstracted and secularized.” Canguilhem traces the naturalization of monstrosity and the pedagogical uses that the monster served. He uses a striking image: “In the nineteenth century, the madman is in the asylum, where he serves to teach reason, and the monster is in the embryologist’s glass jar, where it serves to teach the norm.” Canguilhem, “Monstrosity and the Monstrous,” 137, 140.

fascination of the undefined.”¹³⁹ The monster, a “morphological divergence” or rather “morphological failure,” reveals “the precariousness of the stability to which life has habituated us—yes, merely habituated, even though we have turned this habit into a law.”¹⁴⁰ Canguilhem draws attention to the “monstrous at the origin of monstrosities” in early periods that persists even in later naturalized scientific explanations of monstrosity—they remain haunted by the monstrous.¹⁴¹ “But how can we resist the temptation to find the monstrous once again at the very heart of the scientific universe from which it was believed expelled—to find the biologist himself partaking, *in flagrante delicto*, in surrealism?”¹⁴² Baudelaire’s monster is both an embodied manifestation of the aberrations upon which normalization rests and a magical figure—a transgressive symbol that presents the possibility of alternate orders of life.

Imagined Spaces, Sexual Angels

Like Rush’s “Baudelaire’s Dream,” Allen Ginsberg’s “The Green Automobile” (1959) fashions an imagined space. In both texts, the imagined spaces are used to critique, subvert, and destabilize dominant clinical discourse on queer love. They are also used to present alternate symbols and configurations of queer embodiment. Between the composition of a letter to an ex-lover and vignettes of dialogue, Rush’s short story presents a dream in the space of memory. Ginsberg’s poem is entirely situated in the imagined space of the green automobile.

By the late 1950s, Ginsberg was well known for his subversive queer writing.

“The Green Automobile” was published after a kerfuffle set off by one of his most

¹³⁹ Canguilhem, “Monstrosity and the Monstrous,” 134, 136, 138.

¹⁴⁰ *Ibid.*, 134, 135.

¹⁴¹ *Ibid.*, 138. Canguilhem’s narrative includes a factitious ending in which the monstrous seeks refuge in the poetry of none other than Baudelaire (143).

¹⁴² *Ibid.*, 143-144.

famous poems, “Howl” (written in 1955, published in 1956). Oscillating between anguish and anger, “Howl” made a strong statement of protest, and it opened space for Ginsberg to critique oppressions shaping queer life. In March of 1957, legal authorities confiscated over 500 copies of *Howl and Other Poems* on the grounds that the writing was “obscene.” When the books were released after no legal action was taken months later, the publisher was arrested for selling obscene material. He was acquitted, but the trial drew public attention and the poem attained an iconic status as a symbol of free expression. Indeed, many historians and literary critics situate Ginsberg in a “generation” of authors, poets, and musicians who pushed boundaries and created new modes of expression.

“The Green Automobile” was written in 1954 before “Howl” had been written, but it was not published until 1959, which was two years after the obscenity trial. Karl Menninger’s outraged letter in response to the publication of the poem in *The Mattachine Review* was likely a part of the reactionary culture around Ginsberg’s work. The exchange between Menninger and Ginsberg was not about free expression so much as the relationship between clinical and poetic language, and the claim of each with regard to sex. Ginsberg’s poem offers a new language of queer love—one that seeks to unsettle the dominant clinical discourse.

“The Green Automobile” is divided into thirty-four stanzas, each composed of four lines. At the beginning of the poem, the narrator imagines driving to an old lover who had gone on to live on the opposite coast with a wife and children. Most of the poem describes images and emotions along their ride over one night, one wild night driving

through the Rocky Mountains. The opening words are in the subjunctive, immediately indicating a state of unreality:

If I had a Green Automobile
I'd go find my old companion
in his house on the Western ocean.
Ha! Ha! Ha! Ha! Ha!¹⁴³

The “Green Automobile” is literally and figuratively a “vehicle of the imagination.”¹⁴⁴

Literally, it is the title of a *poem*, which Ginsberg describes in his exchange with Menninger as a space where the imagination can fly in defiance of the laws of pathology.

Figuratively, the vehicle in the poem is tethered to a state of the unreal. Each time the “Green Automobile” is mentioned by name, Ginsberg marks the fact that it is imagined:

We'd burn all night on the jackpine peak
[...]
in the Green Automobile
which I have invented
imagined and visioned
on the roads of the world¹⁴⁵

Ginsberg repeats the connection between the “Green Automobile” and the imagination the final time the vehicle is mentioned by name:

So this Green Automobile:
I give you in flight
a present, a present
from my imagination.¹⁴⁶

Ginsberg stresses the fact that what is written is fantasy.

¹⁴³ Allen Ginsberg, “The Green Automobile,” *Mattachine Review* V, no. 6 (June 1959): 12 [stanza 1].

¹⁴⁴ Ginsberg, Letter to Karl Menninger, 27.

¹⁴⁵ Ginsberg, “The Green Automobile,” 13 [7, 11].

¹⁴⁶ *Ibid.*, 15 [31].

In the Green Automobile, the narrator and his old lover go careening up a mountain with intense joy and delight. From their first encounter through the ascent, Ginsberg portrays a frenzied bliss:

He'd come running out
to my car full of heroic beer
and jump screaming at the wheel
for he is the greater driver.

We'd pilgrimage to the highest mount
of our earlier Rocky Mountain visions
laughing in each others arms,
delight surpassing the highest Rockies,

and after old agony, drunk with new years
bounding toward the snowy horizon
blasting the dashboard with original bop
hot rod on the mountain

we'd batter up the cloud highway
where angels of anxiety
careen through the trees
and scream out of the engine.¹⁴⁷

Most of the poem maintains the ecstatic thrill and fast pace of these lines. The euphoria of the ride in the Green Automobile contrasts sharply with the concluding lines, which describe the return to reality at dawn. The language in these lines is flat and uninspired. Ginsberg addresses his lover: "then back to... your house & your children."¹⁴⁸ He will return to what Ginsberg calls his "broken leg destiny."¹⁴⁹ The poem's geographic imagery parallels its topography of emotion. Describing his lover's return to normal life, Ginsberg writes, "you'll ride thru the plains."¹⁵⁰ In the "Green Automobile," the ecstatic is only accessed in the mountainous space of the imagination.

¹⁴⁷ Ibid., 12 [3, 4, 5, 6].

¹⁴⁸ Ibid., 15 [33].

¹⁴⁹ Ibid.

¹⁵⁰ Ibid.

The lines narrating the ascent into the mountains introduce another significant feature of Ginsberg's poem—its religious language and imagery. He refers to the journey as a “pilgrimage,” indicating that it has a spiritual significance, and that it is meant to be repeated. Ginsberg, who was born into a Jewish family and later studied and practiced Buddhism, uses a range of familiar religious symbols. He mentions souls, saints, and most often angels—a figure which appears four times in the poem. Many of the familiar religious symbols are used in direct reference to the lover, who is described as a “native saint” and a “forgotten sexual angel.”¹⁵¹

“The Green Automobile” also has a religious significance in a less obvious or familiar sense. The pilgrimage culminates with a ritual—one that is marked by an altered temporality. The poem opens in a subjunctive tense, which it maintains until the thirteenth stanza where it switches into a future tense: “Denver! Denver! we'll return/ [...] / This time we'll buy up the city!/ I cashed a great check in my skull bank/ to found a miraculous college of the body/ up on the bus terminal roof.”¹⁵² These lines are interrupted to resume the narrative of the wild pilgrimage:

But first we'll drive the stations of downtown/ poolhall flophouse jazzjoint jail/
whorehouse our way down Folsom/ to the darkest alleys of Larimer/ [...] Then
we go driving drunk on boulevards/ where armies march and still parade/
staggering under the invisible/ banner of Reality –/ hurtling through the street/ in
the auto of our fate/ we share an archangelic cigarette/ and tell each others
fortunes:¹⁵³

The drive climaxes with two stanzas that are set apart from the rest of the poem as the only verses written in the present tense:

The windshield's full of tears,
rain wets our naked breasts,

¹⁵¹ Ibid., 14-15 [25, 24].

¹⁵² Ibid., 13 [13, 14].

¹⁵³ Ibid., 13, 14 [15, 18, 19].

we kneel together in the shade
amid the traffic of the night in honkey-tonk

and now renew the solitary vow
we made each other take
in Texas, once:
I cannot inscribe here . . .

.....
.....¹⁵⁴

The drive stops and their bodies kneel together to renew a vow. The words of the vow are unwritten; they are spoken only in the immediacy of their renewal. Ginsberg describes the “memorial built out of [their] own bodies” as a “legend” that inspires a sexual excess.¹⁵⁵ He writes that they would become “angels of the world’s desire.”¹⁵⁶ Cast as heroic figures, Ginsberg and his lover incite a sort of sexual renewal:

I’ll fail of lacklove, you, satiety:
all men fall, our fathers fell before.

But resurrecting that lost flesh
is but a moment’s work of mind:
an ageless monument to love
in the imagination.¹⁵⁷

Ginsberg reminds his readers that this “monument to love” exists in the space of imagination. This is a space in which Ginsberg portrays an unfamiliar distribution of bodies, one that opens an alternate temporality. In describing the drive early in the poem, Ginsberg writes that it would open “youthtime age & eternity.”¹⁵⁸ He invokes “Eternity” again after the ritual scene.¹⁵⁹ The eternal in “The Green Automobile” is perhaps the pure

¹⁵⁴ Ibid., 14 [22, 23].

¹⁵⁵ Ibid., 14, 15 [30, 24].

¹⁵⁶ Ibid., 15 [27].

¹⁵⁷ Ibid., 15 [28, 29].

¹⁵⁸ Ibid., 13 [8].

¹⁵⁹ Ibid., 15 [26].

present opened in the culminating ritual. The space of the imagination offers a “present” in two senses:

So this Green Automobile:
I give you in flight
A present, a present
From my imagination.¹⁶⁰

Ginsberg offers the Green Automobile as a gift and as a time manifest in the moment of two queer bodies kneeling together to renew a solitary vow.

Conclusion

The prevailing mid-century discourse on queer love understood “homosexuality” as an arrested form of personality development. While interpretations ranged from emotional immaturity to disease, many held the core view that it was a pathology—something to navigate and at best overcome through pastoral counsel and psychotherapy. The architecture of the self that this clinical discourse assumed formed the framework that many people used to understand themselves. Some questioned and critiqued the prevailing understanding of homosexuality through a range of techniques. This chapter has examined several. Some expressed hope that advances in genetic science would usurp psychoanalytical accounts of homosexuality. Others prodded and questioned the dominant discourse to gently dislodge and “unsay” it from within.

Still others sought to formulate altogether different forms of writing to speak truths of queer bodies. The pieces written by Rush and by Ginsberg exemplify imaginative queer writing. Rush’s parody and Ginsberg’s poetry are different, both in style and in content. Both pieces, however, center on imagined space. Rush’s story contrasts the different forms of language available a dream space with those available in

¹⁶⁰ Ibid., 15 [31].

Ellis' psychological space. The dream parodies clinical discourse. At the center of the exhibit-lined house of prostitution is the grotesque queer body of the monster, a figure that evokes awe and reverence in Ellis. Outside of the dream space, Ellis falls prey to the widespread myth that making sense of one's self in modern psychological categories offers some sort of freedom. In Ginsberg's poem, an imagined vehicle opens a space and time that incite joy and ecstasy not on offer in "real time." "The Green Automobile" culminates with the scene of a queer ritual. The two lovers kneel together to repeat a vow that inspires a sexual renewal. For both Rush and Ginsberg, imagined spaces are key for fashioning alternate queer language. In both accounts, these spaces that are precisely the unreal are more significant than physical space, and for queer bodies, more sacred.

CONCLUSION

New Labyrinths of Abnormal Sex

This dissertation has traced shifting Christian understandings of sexuality in mid-century America. Never a conversation that fits into easy generalizations, prominent pastoral authors articulated distinct concerns and different positions on core issues. Much of this literature shared assumptions including the notion that medical expertise was the most authoritative knowledge about sex, and that psychiatry was the primary framework for navigating what Robert Wood called “labyrinths of abnormal sex.”¹ Many pastors did not simply defer sexual cases to medical experts, they sought ways to understand and treat them through pastoral counseling, a distinctly modern form of soul care that was shaped by the language and concepts of clinical and medical science.

Modern pastoral counseling emerged in the idiom of modern psychology and against the background of growing interest in broadened conceptions of illness and healing. It shared with the early field of “pastoral psychology” and the literature of the early clinical pastoral training movement a modern psychological conception of the self. This entailed the use of fundamental categories such as “personality” and “development.” One significant effect of the rhetoric in pastoral writing on sex was to divide modern subjects into two groups. In one group, subjects were considered whole, unified, and in Boisen’s idiom, oriented in their “inner world.” For Boisen, successful navigation of the inner world’s chaos constituted religious experience. A second group of subjects were considered torn, fractured, and divided. These subjects were considered “disordered” in

¹ Robert W. Wood, *Christ and the Homosexual (Some Observations)* (New York: Vintage Press, 1960), 95.

two senses—as scattered and disoriented (literally without order) and as pathological, deviant, sick.²

These two images of the self undergird what was considered unique in religious counseling. Many authors noted the etymological history that healing, salvation, and wholeness shared. John Sutherland Bonnell, for example, suggests that “in the New Testament the Greek word ‘to save’ may be translated ‘to heal’ or ‘to make whole.’”³ He argues, “Salvation, therefore, is wholeness, soundness, deliverance from everything that blights and warps human personalities and that prevents fellowship with God.”⁴ To be healed, as to be saved, one must be made “whole.” The aim of modern pastoral counseling is to facilitate a “unified personality”—a modern concept that becomes the requirement for full participation in the divine life.

Among other things, the notion of a “unified personality” entailed specific understandings of appropriate sex. American pastoral literature on sex from the 1930’s through the early 1950’s often focused on the general goal of making scattered selves whole. In much of this writing, abnormal sex (including, for example, masturbation, homosexuality, and sadomasochism) was considered a symptom of more general personality problems. The implicit assumption was that if one’s total experience could be reorganized, symptomatic (sexual) behavior would wane. Isolating particular sexual conditions and considering their prognoses were more recent turns that gained serious

² In framing the connection between queerness and madness in Foucault’s writing and beyond, Lynne Huffer similarly describes the “split” between reason and unreason and its significance for organizing modern forms of sexual subjectivity. See Lynne Huffer, *Mad for Foucault: Rethinking the Foundations of Queer Theory* (New York: Columbia University Press, 2010).

³ John Sutherland Bonnell, *Psychology for Pastor and People, a Book on Spiritual Counseling* (New York: Harper, 1948), 173. See also Seward Hiltner, *The Christian Shepherd: Some Aspects of Pastoral Care* (New York: Abingdon Press, 1959), 23, and Daniel Day Williams, *The Minister and the Care of Souls* (New York: Harper, 1961), 11.

⁴ Bonnell, *Psychology for Pastor and People*, 173.

pastoral interest in the late 1950s. This shift is significant, but across this literature, abnormal sexual interest marks individuals as “disordered.”

Mid-century American pastors addressed sexual issues in a new tone. Many described it as a “therapeutic attitude.” It replaced the language of moral condemnation and unqualified uses of “sin” that many attribute to Christian speech about sex. In a frequently cited passage, for example, John D’Emilio argues that in the Judeo-Christian tradition, “homosexual behavior was excoriated as a heinous sin.”⁵ Mid-century American pastors, by contrast, discussed homosexual behavior in a therapeutic idiom. But this is not to say that they sought to foster and encourage the full realization of a multiplicity of sexual selves. As Naoko Wake notes in the context of discussing homosexuality and American science, “[o]ften, the most tenacious conservatism was embedded in... ‘sympathetic’ approach[es] to homosexuality.”⁶

In 1972, Seward Hiltner published an essay on the pastoral effort to respond to a changing sexual morality and to reform pastoral “attitudes toward sexual deviations.”⁷ “Like the larger society,” he explains, “church people have had to accept the fact of considerable changes in sex behavior during this period.”⁸ Hiltner argues that it had become “clear that the clergy of virtually all churches are now more understanding about sexual problems and deviations than they were twenty years ago.”⁹ But he worried that

⁵ John D’Emilio, *Sexual Politics, Sexual Communities: The Making of a Homosexual Minority in the United States 1940-1970* (Chicago: The University of Chicago Press, 1983), 13.

⁶ Naoko Wake, *Private Practices: Harry Stack Sullivan, the Science of Homosexuality, and American Liberalism* (New Brunswick: Rutgers University Press, 2011), 2

⁷ Seward Hiltner, “Kinsey and the Church: After Twenty Years,” *The Journal of Sex Research* 8, no. 3 (August 1972): 202.

⁸ Hiltner, “Kinsey and the Church: After Twenty Years,” 201.

⁹ *Ibid.*

this had gone too far. “If a minister is understanding,” he asks, “does that imply that to him anything goes?”¹⁰

In Hiltner’s view, “Methodists as much as *Playboy*” had “come very close” to accepting what he describes as the “bourgeois romantic and purely voluntaristic notion of sex relations.”¹¹ He notes the emerging critique of the dominant language used for homosexuality, but expresses some reservation:

As the increasingly articulate homosexual societies rightly declare, homosexual activities may not be a sickness. But homosexual trends, with the most minor exceptions, are products of distorted rearing and education; and they are, therefore, not beyond change and reform in principle. I welcome the new realism, but I do not want a complete pendulum swing.¹²

Hiltner rejects language of “sickness,” but he maintains what for psychiatrists like Bergler and Cappon were the causes of homosexuality, as well as the possibility of “change and reform.” If this article indicates that American pastoral care began to break away from psychiatry, we would do well to attend carefully to subtleties of the emerging morphology of moral language, and to ways that religion, too, might become a sort of “carbon copy.”¹³

¹⁰ Hiltner, “Kinsey and the Church: After Twenty Years,” 201.

¹¹ *Ibid.*, 205.

¹² *Ibid.*, 203. Hiltner wrote another article in 1974, published in the month following the American Psychiatric Association’s vote to drop “homosexuality as such from its list of mental disorders” (592). In this article, he denounces laws criminalizing “acts between consenting homosexual adults,” job discrimination against homosexuals, and the “exclusion of homosexual persons from churches” (592). But here too, he expresses reservation: “But I would not be prepared to say, as the increasing quantities of homosexual propaganda want us to, that the one problem about homosexuals is their civil rights in the larger sense... It is proper and timely that our interest be awakened in the personhood of homosexual individuals who have no wish to change their sexual orientation – and let us not forget the women. But there is a need to be thoughtful about the overall issues involved” (592-3). See Seward Hiltner, “The Neglected Phenomenon of Female Homosexuality,” *The Christian Century* (May 29, 1974): 591-593.

¹³ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, translated by A. M. Sheridan Smith (New York: Vintage Books, 1994 [1973]), 32, my emphasis, originally published as *Naissance de la Clinique* Presses (Universitaires de France, 1963).

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