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ANEXO
ENTREVISTA TELEFÓNICA CON RICHARD ISAY
25 /ENERO/2010

Q: As I told you in my first email, the 2nd chapter of my work is a confrontation between your theory and Dr. Socarides'. I have noticed (tell me if I am wrong) that Dr. Socarides' thought could be identified as belonging to Ego Psychology, while yours sounds more like Self Psychology. I believe this could help explain (at least partially) your different approaches to therapy (adaptive in his case, self-esteem restoring in yours)? This is as far as I go. Question: Do you think these different theoretical backgrounds could also help explain (to some extent) your differing theories?)

A: I don't consider myself to be a self psychologist, nor do I see Socarides as an ego psychologist. I believe he is someone who expanded psychoanalytical theory for his own reasons (prejudice against homosexuals that dominated psychoanalysis until the nineties). I consider myself someone who tries to provide the best therapy possible to gay men.

Q: When you use the term "constitutional", what does it include: Genetic, Influences during pregnancy, very early experiences (until what age), some combination of the above?

A: A combination of genetic and intrauterine. Experience can have an influence but it doesn't determine *whom* we love but *how* we love.

Q: I was asking this because genetic (DNA) information may or may not express itself, depending on environmental influences. Say, stature, or diabetes, or whatever. You inherit some potential to but whether it manifests itself or not may depend on environmental influences.

A: Inclination and fantasy are inborn. Behavior depends on opportunity. For example, inmates may engage in homosexual behavior and then, when they are out of prison, behave heterosexually again.

Q: In your opinion, does considering sexual orientation constitutional render Freud's concept of complementary series useless or does it still retain some explicative power?

A: Not useless, just not helpful when it comes to the clinical work.

Q. Here is a quote from "Being Homosexual": "From a clinical standpoint, it is helpful to view sexual orientation as constitutional. Since efforts to change homosexual behavior to heterosexual are injurious to the self esteem of the gay man, and efforts to change core sexuality appear to be futile, perceiving sexuality as constitutional permits the therapist to understand and investigate the expression of a homosexual orientation with the same neutrality as he does heterosexuality". Question: Does this mean that you assume the constitutional issue as a technical, useful standpoint to achieve neutrality, but does this leave the question open, regarding the theoretical role of other influences in determining sexual orientation? (I see that this can bring us back to question number 2, but not necessarily).

A: The point of that is that if you have a heterosexual patient who comes to you having problems meeting other people or with their relationship, you don't start investigating where their sexual orientation came from. You start immediately trying to be helpful with the problem at hand and that is my point. If a gay man or a lesbian comes to your office with problems in relationships I would hope that you would ask them what the nature of the difficulties are and how can I help to make that better.

Q: I see your point. Let me explain you mine: My interest is more theoretical than clinical.

A: But mine is entirely clinical.

Q: I know. So what I wanted to ask you is the following. Freud in his Three Essays wrote that heterosexuality also needed explaining.

A: Heterosexuality also needs explaining. I don't know what he ment by that but that doesn't interest me very much. I just want to help my gay patients to be happier, healthier

Q. Where do you stand regarding Freud's theory of bisexuality?

A: I would have to refresh my mind but I think he says everybody is potentially bisexual.

Q: I think it could be understood in to ways: An inborn disposition to be attracted by sexual objects of either sex? b) An inborn disposition to construct owns identity as belonging to either sex, regardless of physical attributes?

A: I am not sure I understand what you say but if it said that bisexuality is also constitutional I would agree with that. Women are more predisposed to being bisexual than men are. Men are more unisexual in terms of their orientation. But women have more an inclination to be and function well bisexually than men do.

Q: So you could be born bisexual?

A: Yes. I think I elaborate more on the issue in the revised edition of my first two books. I think bisexual men, I may have seen a group, a great many, men who are married, who are not gay. I've seen a lot a married gay men, too. But men who are married who are bisexual, who very much enjoy the sexual and emotional relationship with their wives but who do have sex with men on the side, but their emotional attached basically with women but they enjoy sex with both. As opposed to gay men and gay women whose emotional attachment is primarily with someone of the same sex and who, of course, primarily enjoy sex with somebody of the same sex.

Q. I don't know if I got it right but the way I understood Freud's idea was that everyone is born with a bisexual disposition.

A: Yes, but that doesn't say anything to me. That doesn't mean anything for what I see in my office. That everybody is potentially bisexual, that doesn't correspond with my clinical observations.

Q. Which of the following parts of Freud's theory do you find useful in building your own theory of homosexuality? a) Phases of psychosexual development? A: No, I don't find that helpful b) Oedipus complex? A: No, I don't find that helpful at all. c) Castration anxiety A: No, absolutely not helpful. d) First topic: conscious, unconscious, preconscious? A: Yes. I find clinical concepts very helpful and theoretical concepts not very helpful. So, I find mechanisms of defense, unconscious determinants, unconscious motivation, resistances and so forth very helpful.

Q. After the publication of your last book, have you made any new theoretical advances?

A: No, I am not writing right now.

Q: I am particularly interested to know if you have worked on the issue of female homosexuality.

A: No I have not. All my patients are gay men.

Q. After your successful quest obtaining the APsaA's resolution, and Dr. Roughton's obtaining the IPA's resolution, what do you think is the situation nowadays? Does covert discrimination still exist or is everything O.K?

A: It's very hard to know. Discrimination does not exist now when it comes to admission of candidates to our institutes, which used to be the case when homosexuality was considered a perversion and deviation. So that does not exist. But what happens in the privacy of a consultation room and treatment I don't know. Because as you suggested you do understand that there is still persistence of

heterosexual resolution to the Oedipus complex and as far as I know (unintelligible, something about what is being taught in the psychoanalytic institutes about homosexuality). So there is this basic conflict because theory, I mean traditional theory is heterosexual, it has to do with heterosexual development. So what adaptations have been made with regard to what I hope to be my theoretical contributions I don't know, I don't think much is being taught right now. And I don't like institutions or organizations. I am not terribly involved. I mean I get a lot of calls, people interested in consultations and I am very busy in my practice, but teaching in the institutes, I don't do that now.

