

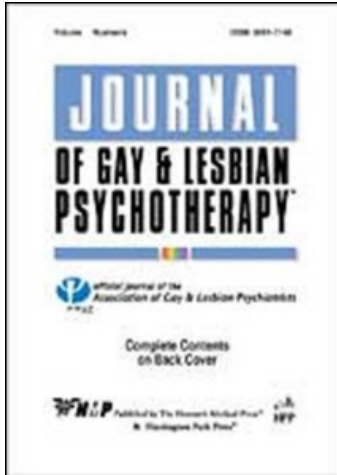
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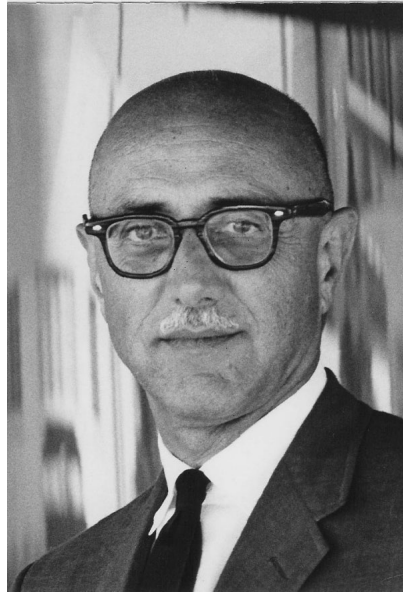
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An Interview with Judd Marmor, MD

Vernon A. Rosario, MD, PhD



Dr. Judd Marmor has long espoused progressive views on gays and lesbians. As a well established and highly awarded member of the psychiatric profession, he was a powerful voice in the move to depathologize homosexuality in the early 1970s. Then, as now, he has courageously held controversial positions to defend the humanity and civil rights of gays, lesbians, and others who suffer from being marginalized by society.

Dr. Marmor was born in London, England, in 1910 and emigrated with his family to Chicago in 1912. He attended Columbia University as an undergraduate and continued on to the College of Physicians and Surgeons. He undertook psychoanalytic training at the New York Psychoanalytic Institute. From 1965 to 1972, he served as Director of the Division of Psychiatry at the Cedars-Sinai Medical Center. He was the Franz Alexander Professor of Psychiatry at the University of Southern California School of Medicine from 1972 to 1980. He is now Professor Emeritus of Psychiatry at the University of California, Los Angeles.

Dr. Marmor has been a long-standing leader in psychiatry, having been

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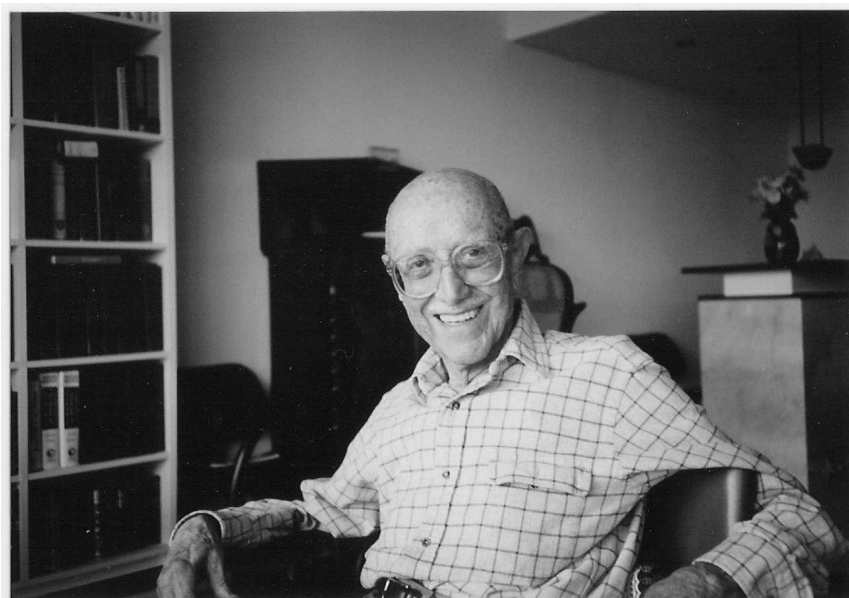
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president of the American Psychiatric Association, the American Academy of Psychoanalysis, the Group for the Advancement of Psychiatry, and the Southern California Psychoanalytic Society and Institute. He is a fellow of the American College of Psychiatrists, a Founding Fellow of the American College of Psychoanalysis, and an Honorary Fellow of the Royal Australian and New Zealand College of Psychiatrists. His many awards include the Silver Medal for Distinguished Contributions to Psychiatry from the Columbia University College of Physicians and Surgeons, the Doctor of Humane Letters from Hebrew Union College, the Bowis Award from the American College of Psychiatrists, the Pawlowski Peace Prize, and the Founder's Award from the American Psychiatric Association.

Dr. Marmor has published eight books, and authored or co-authored over three hundred scientific articles (those related to homosexuality are listed in the concluding bibliography).

The following comments are adapted from an address Dr. Marmor gave at the University of California at Irvine in 2002, and are followed by an interview conducted on July 30, 2003 in his home in Los Angeles.

While this interview was in press, Dr. Marmor passed away in Los Angeles on December 16, 2003. Obituaries marking his important contributions to the removal of homosexuality from the DSM were published in both the *Los Angeles Times* and *The New York Times*.



The American Psychiatric Association's declassification of homosexuality as a mental illness in 1973 was a bitter struggle that had a significant impact on the lives of millions of gay and lesbian women, not only in the United States but throughout the world. It was a psychiatric change that was of extraordinary sociological and psychological importance. I had the privilege of playing an important role in that decision.

Labeling homosexuality as an illness was by no means a harmless or theoretical issue. To take a position that homosexuals were inherently seriously mentally disturbed, irresponsible, and compulsively driven by needs over which they had no control, had very serious social and legal consequences for them. It lent official scientific, psychiatric justification for discharging them from military service, denying them housing and other legal rights, and excluding them from various occupations and even subjecting them to arbitrary arrest and/or hospitalization.

Let me recapitulate briefly how I happened to become involved in that historic struggle.

In the early 1930s, when I graduated from medical school, the field of psychiatry was dominated by two major approaches. The older one rested on a hospital-based Kraepelinian model that viewed mental illness in terms of discrete diagnostic categories whose origins were, for the most part, attributed to genetic weaknesses, physical traumata, or infectious agents. Therapy within this model, except where a specific antidote to a noxious agent was available, was essentially non-specific, supportive, and custodial.

At the other end of the spectrum stood the still young modality of psychoanalytic theory which postulated that most functional mental disorders could be traced to vicissitudes and conflicts in early childhood. I was among those who were strongly motivated to embrace this paradigm. Here at last seemed to be an approach that promised by rational means to enable us to unravel and thereby ameliorate the hidden sources of much human emotional distress.

Thus, in 1937, after completing the additional four years of postgraduate training in neurology and psychiatry required for certification in both of those specialties, I entered into psychoanalytic training. It was there that I first encountered the formulations of organized psychoanalytic theory concerning homosexuality. Over the next three years, as I listened to the views of my instructors about how all homosexuals were supposedly basically disturbed individuals, emotionally immature, deceptive, impulsive, unreliable, and incapable of truly loving, I found myself becoming increasingly skeptical and uneasy. It seemed to me that what I was hearing was the stereotyping and stigmatizing of an entire group of individuals, a pattern that I had already learned to distrust as a reflection of *social prejudice* in other areas, for example, towards Catholics, Jews, blacks, and other minority groups.

Then, in the late 1940s and early 1950s, I was impressed by the publication of the Kinsey group's historic studies of male and female sexuality which seemed to me to be praiseworthy efforts to study the problems of human sexuality more objectively and scientifically.¹ I also became aware in the late 1950s of Dr. Evelyn Hooker's classic studies which demonstrated that on projective tests evaluated blindly by experts, there were no demonstrable differences between a group of untreated, successful, well-adjusted homosexual men, and that of a matched group of successful, well-adjusted heterosexuals.²

These findings, together with my own growing conviction that causality was usually a multi-dimensional phenomenon and not a uni-dimensional one (the term "bio-psycho-social" had not yet entered our vocabulary) led me in the early 1960s to put together my first book on homosexuality. The volume was called *Sexual Inversion: The Multiple Roots of Homosexuality*, and I invited contributions from experts from a wide variety of biological and social fields: history, zoology, genetics, endocrinology, sociology, and anthropology, as well as psychology and psychiatry. Because of the inadequate state of our knowledge at that time, the book had a number of limitations as did also my later book in 1980, *Homosexual Behavior: A Modern Reappraisal*, which although an improvement on the first, still reflected gaps in the knowledge that have since been partially filled. Nevertheless, even the first book presented some relatively fresh bio-social approaches to the issue of homosexuality. It also presented my strong affirmation that inasmuch as the then current conclusions that psychoanalysts and psychiatrists were expressing about homosexuality were all obviously based on small samples of homosexual patients who were in treatment, it was scientifically unwarranted and biased to infer from these samples that all homosexuals were maladjusted or mentally ill. Indeed, if we were to draw our conclusions about the mental health of all heterosexuals based only on those who we treated, we would arrive at equally unrealistic generalizations about the mental health of all heterosexuals!

More importantly, however, the results of that book's publication were fateful and surprising for me personally. At various subsequent psychiatric meetings and at the annual meeting of the American Psychiatric Association (APA), as well as at some of the psychoanalytic meetings, increasing numbers of reputable psychiatrists and psychoanalysts began to introduce themselves to me as being gay. I also learned for the first time of the existence of the so-called "Gay-P-A": a group of homosexual psychiatrists that met secretly during the annual meeting of the APA. They invited me to attend some of their gatherings, where I met other able colleagues like them, *all closeted in their public lives*.

As a consequence of these new experiences, the views that I had expressed in my book were strongly reinforced and I began to play an increasingly active role in meetings, debates, and panel discussions across the country, as well as

in forensic legal situations. In these I attacked the prevailing psychiatric and psychoanalytic views about homosexuality and argued for its removal as a mental disorder from the APA's *Diagnostic and Statistical Manual (DSM)*. I was also fortunate in being able to play an active role together with Evelyn Hooker in the work of the National Institute of Mental Health Task Force on Homosexuality between the years 1968 and 1970, and in the preparation of its progressive report that came out in 1972.

Despite my obvious involvement with the issue and probably because, as Richard Friedman³ has tactfully put it in one of his papers, I was seen as "something of a maverick" by the existing psychoanalytic hierarchy, I was never invited to participate in the regular panel discussions and programs on homosexuality that were held under the aegis of the American Psychoanalytic Association. Nevertheless, Charles Socarides⁴ and his supporters were regularly invited! It was obvious that the psychoanalytic hierarchy simply did not want to have my point of view presented.

My activity on APA programs continued at a steady rate, however, and I had the privilege of being the main psychiatric speaker at the historic meeting in 1972 at which Dr. H. Anonymous [John Fryer], the cloaked and masked gay psychiatrist, made his impressive presentation about what it meant to be a homosexual professional in a hostile culture.⁵ At that meeting I again strongly condemned the existing attitudes in all the American psychoanalytic institutes in refusing to admit homosexuals for training. I also criticized the continuing pathologization of homosexuals by both psychiatry and psychoanalysis which was forcing the vast majority of them to remain closeted in self defense. In any event, the APA's subsequent historic position statement of 1973 set off a process of progress that had important social and legal significance for the lives of homosexuals in America.

In this connection, however, I would like to comment on what has become a frequently encountered mis-statement about the role that gay political pressure played in the APA's 1973 decision. This is a point that Ronald Bayer makes in his otherwise excellent volume, *Homosexuality and American Psychiatry: The Politics of Diagnosis*.⁶ The fact is that the decision to remove homosexuality from the *DSM* was *not* based on gay political pressure but on scientific correctness, and only after a full year of exploratory hearings and study of the issue by the APA's Council on Nomenclature, a year during which it heard presentations both by proponents and opponents of depathologization. The Council was influenced by the weight of scientific studies done by Evelyn Hooker and many other psychologists by that time, as well as by reports of psychiatrists and psychoanalysts, such as Robert Stoller, Richard Green, and myself. That decision was then approved by a unanimous vote of the APA's Board of Trustees with two abstentions. The so-called "politics" surrounding the decision was subsequently instilled into the process by opponents led by Drs.

Irving Bieber⁷ and Charles Socarides who, because they were so outraged by the Board's action, gathered names for an initiative that *forced* it to be voted on by the APA membership. That vote, to the surprise and dismay of these hard-liners, was to uphold the board's judgment.

It was regrettable that it took the American Psychoanalytic Association an additional eighteen years, until 1991, to commit itself to the enlightened views that it now officially holds.⁸ Freud himself was quite open-minded on the subject of homosexuality and often remarked on the positive contributions that homosexuals make in art and civilization.⁹ He also favored them being accepted for psychoanalytic training.¹⁰ Therefore, it was paradoxical that it was this body of the self-professed disciples of Freud who continued to be recalcitrant to this new view, as indeed some of them still are!

Let me also comment briefly on Freud's occasional use of the term "perversion" in relation to homosexuality. Freud's use of the word was quite different in meaning from the sick connotation it has come to represent in our language today. He used it to refer to something that he considered to be "incorrect," but in no way sick—much as we do when we talk about something being a "perversion of the truth." Freud's use of the word was because, at that time, as an evolutionary theorist, he believed that the "correct" purpose of sex had to be a reproductive one, in the interest of species survival. Hence, what did not promote reproduction was presumably a "perversion" of sexuality. However, Freud's assumption that there is a "purpose" in natural law is no longer adhered to by most contemporary biologists, who hold that evolution proceeds without regard to either "divine" or "natural" purpose. Indeed, in today's world, uncontrolled reproduction may very well threaten the survival of mankind while, paradoxically, gay and lesbian sex tends to place desirable limits on such an unfavorable outcome.

Incidentally, you will notice that I have not used Freud's term "sexual object choice" in any of my comments. I think it is an inaccurate use of the term because it implies that homosexuality is "chosen" and that is not true. Therefore, I prefer the term "orientation" or "sexual variation," because we now know that, to a great extent, variations in sexual orientation are determined by the degree of androgenization of the fetal midbrain at a critical period of intrauterine development. We now also know that approximately 5% of all males, in all societies and all cultures, have a variation in the degree of prenatal androgenization that results in more or less exclusive homosexuality. Another 15%, approximately, have lesser degrees of androgenization that put them as partial homosexuals, from 1-5 on the Kinsey scale, and that is why we find a greater number of people who have tendencies toward homosexuality. However, there *are* people who are zero (totally heterosexual) and six (totally homosexual) on the Kinsey scale, depending on the degree of prenatal androgenization.

In women the situation is different. Approximately 2% of women have a degree of androgenization that leads to a more or less biologically determined homosexuality, but women are also capable of responding to members of the same sex in a way that males who are zero on the Kinsey scale are not. We also know that women can choose same-sex orientation for political reasons.

In time we will learn a great deal more about the biological and genetic factors of homosexual orientation, but until then we must recognize that it is not an inherent “fault.” Regarding it as a flaw is a reflection of the prejudice in our culture. Again, I want to emphasize strongly that the inadequacy or inferiority that is attributed to gays and lesbians simply reflects the social prejudice of our society and does not exist in societies that treat people who are born with these differences in a much more humane, respecting, and sometimes even admiring way.

Finally, I would like to make a comment about certain ways in which we write or speak about homosexuals as if they were a special “species” instead of human beings like anyone else who just happens to have varied sexual orientations. This is just as wrong as a similar tendency to define people with different religious orientations, for example, Christians, Muslims, Jews, etc., as if they too were a separate species of mankind, instead of human beings like everyone else who happens to have been exposed to different kinds of acculturation from early childhood on.

An expression of this error is the tendency to assume that if members of such a group have a higher frequency of certain behavioral patterns, e.g., depression or suicidality, that those patterns are an intrinsic aspect of that group. A flagrant example of this is the assumption that blacks by nature, are less intelligent than whites, ignoring the profoundly different environments, both economic and cultural, in which the majority of blacks grow up in this country. Similarly, one frequently encounters statements that homosexuals or women are *inherently* more prone to depression and/or suicide, again, ignoring the influence of the hostile and prejudicial environments in which members of these groups grow up and form their identities—environments that lead them to internalize these attitudes, with consequent impairment of their self-images. It is for this reason and *not* for intrinsic ones that a greater proportion of people in these groups show a propensity towards depressive reactions and a higher incidence of suicide.

JGLP: It sounds like you have completely rejected the traditional psychoanalytic formulations of homosexuality?

Dr. Marmor: Absolutely. That was all part of Freud’s reflection of the prejudices of our culture, just as his ideas about women (which I have also written extensively on), were based on the prejudices of his time.

JGLP: Why do you think the analysts were so dead set on keeping homosexuality in the *DSM*?

Dr. Marmor: Part of the reason was that they wanted to continue to consider it a treatable condition and whether they realized it, consciously or not, they didn't want to let go of that for economic as well as for theoretical reasons. The continuing opposition to accepting the biological basis comes from people like Socarides who makes his living arguing that gays and lesbians are sick people, that they must be treated, and that it's an "epidemic" in our society.¹¹

It's similar to the problem of anti-Semitism. All kinds of terrible things are said about people who are Jewish. But the problem is not in being Jewish, the problem is in the social prejudice of the civilization of the anti-Semite. We have to recognize that the potential of all human beings is shaped bio-psycho-socially and that the social, cultural, and religious influences are very powerful. When a child grows up hearing other people like him being called faggots, pansies, sissies, or worse terms, being thought of in the most ugly, demeaning ways, his image of himself becomes distorted and he develops a distorted self-image that leads to feelings of depression, neuroticism, of higher suicidality, etc. That's not inherent in being gay, it is a consequence of a civilization that creates a negative self-introject in gay people.

JGLP: What are your feeling about psychoanalysis today?

Dr. Marmor: I think many of Freud's ideas are outdated. The overemphasis on the initial triad, mother-father-child, and the failure to take into account the equally profound effects of peer group interrelationships, and of social, cultural, and religious indoctrination is a great mistake. We have made great progress in that the new views in psychiatry are bio-psycho-social. But there are still carryovers, especially among analysts—and I speak as one who was trained as an analyst—to cling to Freud's ideas and reduce everything to mother, father, and child. A lot of the "interpretations" about homosexuals and the partners they choose as being based just on their attitude towards their mother and father is just sheer nonsense!

JGLP: So does psychoanalysis have a future?

Dr. Marmor: Yes, I do think psychodynamics has a future. I think it's important for us to understand that behavioral problems have a history, and for us to try to understand the bio-psycho-social factors that are involved in that history, and help the patient understand them also. The future of psychoanalysis depends on the degree to which it can become less dependent on early Freudian theory and more involved with contemporary psychodynamic theory. There *is* something to be said for working intensively one-on-one with an individual;

although, it doesn't have to be four or five times a week. That's baloney! But the terrible danger in today's society is that we may become so biologically and pharmacologically oriented that we may forget that there are psychodynamic factors involved, and we have to be sensitive to those factors also.

JGLP: There has been a tremendous amount of cultural change in the decades since the *DSM* change on homosexuality.

Dr. Marmor: We are making progress, but we still have a considerable ways to go. We still hear and read about antigay material. And most churches still have not changed their view. People still quote the bible, which reflects the prejudices of earlier times, and people are still being indoctrinated with those ideas.

JGLP: The U.S. Supreme court recently overturned anti-sodomy laws, and the Ontario Supreme Court legalized gay marriages. Marriage is the leading issue on the agenda for gay rights. Do you think gay marriage is a good thing?

Dr. Marmor: I have always been in favor of it. I think that marriage carries with it certain rights and privileges and that gay people who want to live together should not be deprived of them. Again, it's part of the social prejudice of our time that some states are willing to call it a "civil union," but they don't want to give up the precious word "marriage." But marriage is essentially an agreement between two people to live together, to love one another, to stay together, and it carries certain privileges. I think gays and lesbians are entitled to the same thing. They are also entitled to adopt children, because all the scientific evidence that we have is that gay parents have no effect on the sexual orientation of the child. So, children who are raised by gays and are loved, protected, and given warm, loving homes are getting the best of care and should not be deprived of that.

JGLP: A controversial diagnostic issue currently being debated within the APA is that of "Gender Identity Disorder" or transsexualism. It is a somewhat similar issue to that of homosexuality in the early 1970s. What are your thoughts on the topic?

Dr. Marmor: I don't think transsexualism should be treated as a mental disorder. I think it is a genetic disorder, and it creates problems of adaptation for the transsexual, but we should not add to those problems by denigrating them as sick people. They have a different genetic factor that probably also has something to do with the degree of androgenization of the child's brain. We have to be more humane and more humanistic, and treat every human being as a potentially capable and good person, unless proven otherwise. We shouldn't indoctrinate them with feelings of inferiority.

NOTES

1. See Kinsey, A., Pomeroy, W. & Martin, C. (1948), *Sexual Behavior in the Human Male*. Philadelphia, PA: Saunders and Kinsey, A., Pomeroy, W., Martin, C. & Gebhard, P. (1953), *Sexual Behavior in the Human Female*. Philadelphia, PA: Saunders.

2. Hooker, E. (1957), The adjustment of the male overt homosexual. *J. Proj. Tech.*, 21:18-31.

3. See Friedman, R.C. & Downey, J.I. (2002), *Sexual Orientation and Psychoanalysis: Sexual Science and Clinical Practice*. New York: Columbia University Press.

4. New York psychoanalyst Charles Socarides has continued a tradition of arguing that homosexuality is a serious psychopathology that can be cured in many instances through analysis. He spearheaded the opposition to the depathologization of homosexuality in 1973. See Socarides, C.W. (1995), *Homosexuality: A Freedom Too Far*. Phoenix, AZ: Adam Margrave Books.

5. Dr. H. Anonymous was Dr. John Fryer, a Philadelphia psychiatrist who appeared on a panel at the 1973 APA meeting in disguise and spoke through a voice distorting microphone to protect his identity. He recounts his life and this dramatic moment in psychiatric history in: Scasta, D.L. (2002), John E. Fryer, MD, and the Dr. H. Anonymous episode. *J. Gay & Lesbian Psychotherapy*, 6(4):73-84. Dr. Fryer died Feb. 21, 2003 at the age of 65; for his obituary, see: www.gaypasg.org/Press%20Clippings/March%202003/John%20Fryer,%2065,%20Psychiatrist%20Who%20Said%20He%20Was%20Gay%20in%201972,%20Dies.htm.

6. See Bayer, R. (1981), *Homosexuality and American Psychiatry: The Politics of Diagnosis*. New York: Basic Books.

7. The late Irving Bieber, MD, was senior author of a landmark study of psychoanalytic efforts to convert homosexual patients to heterosexual ones. See Bieber, I., Dain, H., Dince, P., Drellich, M., Grand, H., Gundlach, R., Kremer, M., Rifkin, A., Wilbur, C. & Bieber T. (1962), *Homosexuality: A Psychoanalytic Study*. New York: Basic Books. The authors claimed a 27% conversion rate through psychoanalytic treatments. These results were challenged by the late C.A. Tripp, PhD, who said Bieber could not produce one successfully converted patient (see Tripp, C. A. (1975), *The Homosexual Matrix*. New York: Meridian). For the personal experience of one unsuccessfully converted patient, see Moor, P. (2001), The view from Irving Bieber's couch: "Heads I win, tails you lose." *J. of Gay & Lesbian Psychotherapy*, 5(3/4):25-36. Reprinted in: *Sexual Conversion Therapy: Ethical, Clinical and Research Perspectives*, eds. A. Shidlo, M. Schroeder & J. Drescher. New York: The Haworth Press, 2001, pp. 25-36.

8. See Roughton, R. (1995), Overcoming antihomosexual bias: A progress report. *The American Psychoanalyst*, 29(4):15-16.

9. See Freud, S. (1905), Three essays on the theory of sexuality. *Standard Edition*, 7:123-246. London: Hogarth Press, 1953 and Freud, S. (1935), Anonymous (Letter to an American mother). In: *The Letters of Sigmund Freud*, ed. E. Freud, 1960. New York: Basic Books, pp. 423-424.

10. Editor's Note: In the 1970s, a letter was found in the Columbia University archives. This "Circular Letter" was written by Freud and Otto Rank in 1921 to Freud's inner circle in response to another member of that circle, Ernest Jones, who opposed

admitting any homosexual candidates for psychoanalytic training. Freud disagreed and said, "We feel that a decision in such cases should depend upon a thorough examination of the [candidate's] other qualities." The letter was first published by an early Canadian gay rights organization in *Body Politic* (Toronto), May 1977, p. 9. It was reprinted in Lewes, K. (1988), *The Psychoanalytic Theory of Male Homosexuality*. New York: Simon and Schuster, p. 33.

11. See Marmor, J. (1970), "Homosexuality and objectivity." *SIECUS Newsletter*, 6(2):1,3.

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