

sexual desire and unlawful sex. They maintained it was common knowledge that no healthy man was capable of resisting the seductiveness of a beautiful boy.

Even when chaste, the orthodox argued, passionate love led to an idolization of the beloved, which was blasphemous because there was only one God, and besides, all worldly love had to be subordinated to real love. The orthodox viewed practices like *shahid bazi* as typical of the hypocrisy of Sufism, which used religion as a cover for sexual debauchery and lustful and perverse activities. The continuing self-criticism among Sufis about the paths taken, intensified out of fear of persecutions because of seemingly heretical ideas, gradually led the mystics to become more careful in their expressions and practices. The path of love became more hidden and discrete, which it still is.

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SUICIDE

Suicide is the voluntary termination of one's own life, either to escape unbearable pain or humiliation, or because

one's toleration of grief or disappointment is exhausted. Both types of suicide are known in homosexuals. The constant need to hide and falsify one's sexual identity, the burden of leading a double life, the gnawing fear of discovery and social ruin, if not actual prosecution, were motives enough for the homosexual to think of ending his own existence.

Earlier Data. In 1914 Magnus Hirschfeld claimed that of the ten thousand homosexual men and women whose case histories he had collected, no fewer than 75 percent had thought of suicide, 25 percent had attempted it, and 3 percent had actually taken their own lives. Similar figures, albeit more fragmentary, were reported by other investigators from the late nineteenth and early twentieth centuries. Hirschfeld frequently observed wounds left by suicidal attempts, such as knife wounds on the wrists or bullet wounds in the vicinity of the heart or the temples. Many homosexuals, he indicated, carried poison on them at all times so that they could end their lives on the spot if arrested or similarly compromised.

The chief cause of suicide in Hirschfeld's time was threat of legal prosecution, double suicides of lovers were second in frequency, and **blackmail** was third. Other motives were family conflicts, depression over one's homosexual orientation, grief at the loss of a lover, and the situation of being pressured by one's family into a heterosexual marriage that entailed an impossible sexual role. Hirschfeld conceded that in many cases the threat was exaggerated and the situation not so hopeless as the homosexual subject imagined, and he did his best to console his patients and make them feel that their lot was at least bearable. However, in his propaganda for repeal of **Paragraph 175** he laid great stress upon suicide as a consequence of the legal plight of the exclusive homosexual, and the theme became a usual one in subsequent homophile literature. Today it is seldom mentioned, even if suicides by AIDS patients have figured in

the history of that affliction in the gay male community.

The Present Situation. Eric E. Rofes, in his book of 1983, brings Hirschfeld's findings up to date. He mentions that of the respondents to the questionnaire analyzed in *The Gay Report* (1977), 40 percent of the men and 39 percent of the women stated that they had attempted or seriously considered suicide, and 53 percent of the men and 33 percent of the women who had considered or attempted suicide said that their sexual orientation was a causal factor. For many years there was a virtual convention that any novel with a homosexual character had to show him committing suicide, if not being murdered by one of his partners. Since the homosexual had sinned in the eyes of the world, his death was a fitting retribution.

Young homosexuals confronted with the trauma of the discovery that their sexual interests set them apart from others of their age and unable to find trustworthy or sympathetic counsel are especially prone to suicide. The late adolescent years, when one's sexual orientation forces its way into consciousness, despite the indoctrination for obligatory heterosexuality, are often a time of major crisis. The thought of being alienated from one's family and one's peers, of having to lead a perilous and uncertain existence to gratify one's sexual desires, even of loving someone who is totally unable to respond, creates unbearable tensions compounded by guilt and self-hatred.

Even gay activists are not exempt from feelings of alienation and isolation. Rofes recounts several case histories of activists who turned to the movement to resolve their personal conflicts but found these as intense as ever, while the radicalism which they encountered, if not in gay politics, then in the radical organizations that overlapped for a time with the Gay Liberation Front and similar groups, only intensified their sense of helpless rage at a society that inflicted so much suffering

and injustice on its homosexual members. The ultimate resolution of the crisis was—suicide. **Alcoholism** and narcotics abuse can play a role in homosexual suicide, much as in the case of heterosexuals who have become dependent upon addicting substances. To combat such tendencies programs are needed specifically oriented toward the homosexual with problems of this kind, since a program that does not face the special situation of the individual who must cope with a homosexual orientation will often miss the crux of the dependency.

Prevention. Suicide prevention and suicide intervention are strategies for alleviating the distress associated with homosexuality. The first is the long-range planning that will decrease a population's risk for suicide, the second is the immediate **counseling** and other services that will deter a subject from taking his own life. The homosexual in need of psychological counsel must find a trained individual who is knowledgeable about his special problems and difficulties and not bent upon exacerbating them for religious or other reasons. Hotlines and crisis intervention agencies can be a good source of advice for gay people beset with suicidal tendencies; such services have developed in many parts of the country, though specifically homosexual-oriented ones are confined to urban areas and college towns.

More important in the long run is eliminating the ramifications of intolerance and **discrimination** that impose intolerable burdens upon the homosexual trying to lead his life within a society that is implacably hostile to his whole personality. Real as this burden is, the conventions of Christian morality until recently forced the subject to endure it in silence, or even to interpret it as his own moral failure that justified the hatred and contempt to which he was exposed. In demanding that society recognize the existence of gay people and the problems that their homosexuality engenders, the **gay movement** has taken a major step toward ending the

silence and the hypocrisy of the past—potent factors in isolating homosexuals and driving them to self-destruction.

Comparative Perspectives. Social attitudes toward suicide have varied greatly over the centuries. Severely condemned by Christianity, suicide has been in other cultures regarded as a heroic way of ending one's earthly existence, almost as a defiance of the fate that would have doomed the subject to prolonged unhappiness or physical pain. In circles such as the Japanese *samurai*, with a strongly homoerotic ethos, suicide could even be part of the warrior's code of honor, in particular when a page did not wish to survive the knight whom he had accompanied on the field of battle, or vice versa. Suicide might therefore also be reckoned for situations in which one of a pair of lovers has sought death in war or some especially dangerous mission with the implicit wish that his sacrificial act should reunite him with the other. Suicide missions undertaken for patriotic or ideological motives are the heroic and self-sacrificing facet of the subject, and one that fills the pages of history with deeds of glory.

The literature on suicide includes some classic sociological writings in which the topic of homosexuality never appears, but the invisibility of the motive to outsiders did not mean that it was inoperative. Of course, homosexuals could commit suicide for reasons wholly unrelated to their sexual orientation, just as could others overwhelmed by the difficulties and sorrows of life, or simply the desire not to be a burden to one's family and friends. Suicide is part of the tragedy and the heroism of human existence, and as a resolution of life's dilemmas it will remain a finale of the human condition chosen by homosexuals and heterosexuals alike.

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SULLIVAN, HARRY STACK (1892–1949)

American psychiatrist. Throughout his life Sullivan had to struggle with emotional problems in his relationships with other human beings, and these struggles in turn had a marked effect on the psychiatric concepts that he evolved. But for just this reason he was never detached from the problems of the patients he was studying.

Born in Norwich, a small town in upstate New York, to an Irish Catholic family, he had a shy, inept father who dwelt on the margin of his son's life, while his mother poured out on the boy all of her resentment at her unhappiness and low social status. Sullivan was a socially awkward boy who felt rejected and ostracized by other children. Scholastic excellence won him esteem, but it further isolated him from those around him. At the age of eight and a half he formed a close relationship with a boy some five years older who introduced him to sex. Neither Sullivan nor the older boy, who also became a psychiatrist, ever developed into heterosexuals. In 1908 he entered Cornell as an undergraduate, but in June of 1909 was suspended for failure in all academic subjects. He may have had a brief schizophrenic illness, but the result of this obscure episode was that he lost his scholarship and never thereafter attended any college. His lack of a college education handicapped him in later life.

In 1911 he entered the Chicago College of Medicine and Surgery, a diploma mill that was closed down some six years later as part of a campaign to raise the standards of American medicine. As a struggling medical student he lived in poverty, taking odd jobs in order to make ends meet. Only in 1922 did he enter psychiatry through an appointment to St.