

Sexual Dysfunction(s) in Iran: Imaginary Encounters with Otto Gross and Wilhelm Reich

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ABSTRACT *The article has two distinct but related aims. In the first part, I draw on previous research on Iranian sexual therapy, transgender studies, queer theory, psychoanalytic research and sexual economy to construct two clients. The first client is the subject of a Grossian, the second a Reichian, analysis. The symptoms were chosen to bring out the salient features of Gross and Reich's work, and to convey something of the complex psychological conflicts experienced by contemporary Iranians. In the second part of the article, I critique the limitations of Gross and Reich, while retaining those elements of their work still relevant to sexual emancipation. Copyright © 2014 John Wiley & Sons, Ltd.*

Key words: Otto Gross; Wilhelm Reich; Iran; sexual dysfunction; critical sex therapy

This experimental text has been inspired by Joel Kovel's magnificent 1981 work *The Age of Desire*, and seeks to operate at the intersection of the psychic and social repression of sexuality. Despite having serious misgivings about Freudian ideology, I find Kovel's heady mix of fictionalised case profiles, analysed first from a Freudian and then a Marxian perspective, fascinating. Stylistically and structurally, then, this article is indebted to *The Age of Desire*, although I have departed from it in three crucial aspects: first, I have shifted the investigation from the comfortable and emblematic Western couch to an Iranian landscape still exoticised by most Western scholars (see Mulholland, 2007; Pakes & Roy-Chowdhury, 2007); second, I narrowed down mental illness to sexual dysfunction in order to make my task more manageable; and last, in lieu of Freud and Marx, I have chosen Otto Gross (1877–1920) and Wilhelm Reich (1897–1957) as therapeutic sounding boards. I hope to demonstrate how both these rather underutilised analysts can be mined for therapeutic ideas helpful to subjectivities traumatised by authoritarian states.

The present work, therefore, has two distinct but related aims. In the first part I intend to utilise the research conducted by contemporary scholars on Iranian sexual health (Roudsari, Javadnoori, Hasanpour, Hazavehei, & Taghipour, 2013), transgender studies (Ekins, 2005; Javaheri, 2010; Shakerifar, 2011), queer theory (Shannahan, 2010), psychoanalytic research (Homayounpour, 2012) and sexual economy (Afary, 2009). I employ this literature in order

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to construct two “fictionalised” case profiles. I use Gross to analyse the first client and Reich for the second. The cases and their symptoms were chosen to convey something of the complex fusion of intra-, inter- and extra-psychological conflicts experienced by contemporary Iranians, and to bring out the salient ideas of Gross and Reich. In presenting a mix of universal and culturally specific symptoms the case studies should appeal to a range of readers. The second part of this article attempts to describe and supersede the limitations of Gross and Reich related to biologism, heterosexism and authoritarianism, while retaining those features of their work still relevant to sexual emancipation in Iran.

My research is also nourished by the recent eruption of political energy in the Middle East (Achcar, 2013; Hanieh, 2013), including a yearning by the younger generation for sexual freedom from the restrictive bonds of religious, traditionalist and capitalist morality (Afary, 2009; El Feki, 2013). A profusion of Marxist, anarchist, feminist and gay websites have attempted to investigate and, where appropriate, politicise emergent sexual subjectivities in the hope of imbuing the next wave of social struggles with a more potent sexual imperative; for example, the Raha Iranian Feminist Collective (<http://rahacollective.org/>) (see also *Bad Jens*, an Iranian feminist newsletter (<http://www.badjens.com/>), and the Human Rights Watch (2010) report on state violence against sexual minorities).

In Iran, normative mores, values and classifications are being challenged by an insistent collective voice which is demanding a sexual revolution (*enqelab-e-jensi*) outside and against theocratic structures of power (see Mahdavi, 2007, 2011). The movement opposing the mullah-bourgeoisie is scaling ancient cultural and political barriers in everyday skirmishes ranging from demands for gender equality in sports (Fozooni, 2007), sex education training (Shirpak et al., 2008) and egalitarian child-rearing arrangements (Hojat et al., 1999), to the acknowledgment of hidden female labour (Moghadam, 2009), as well as demands for an end to sexual harassment at work (Lahsaeizadeh & Yousefinejad, 2011). To this list we must add attempts to reclaim private bodies and public spaces (Rejali, 1994), as well as the expression of a wider range of sexual identities including homo-, bi- and trans-sexualities (Najmabadi, 2005).

Meanwhile, a more depoliticised flurry of research is laying the grounds for a mainstream sexual discourse purposefully confined within a biomedical paradigm (Khademi et al., 2006; Nemati, Soori, Haghi, & Tafti, 2012; Usmani, Asmir, Gaur, & Gangwar, 2012; Zargooshi, 2009). Although couched in scientific discourse, the unintended consequence of this biomedical approach may result in the normalisation of religious and traditionalist sexual edicts. This ominous “reactionary modernism” (Herf, 1984) combines a yearning for modern technology with a rejection of not only the liberal cultural soil that generated the technology in the first place but also the proletarian resistance that emerged to challenge it. The Islamic Republic has been seeking its own special path or third way which purports to transcend the so-called vulgarities of Western liberalism and Eastern monarchism. Elsewhere I have warned against the dominance of this trend (Fozooni, 2012), as well as attempting to demonstrate how the Iranian “psy-complex” (Rose, 1985) may be opposed by alternative currents within critical psychology and critical psychiatry (Fozooni, 2006). In the present article I follow up previous work by offering a radical alternative to mainstream ways of researching and practising sexual therapy.

FIRST CASE STUDY: MARYAM

For a long time Maryam could not work. She would lie in bed watching *Sex and the City* on her satellite TV, wondering how Carrie, Samantha, Charlotte and Miranda would cope with the vicissitudes of living in a place like Tehran. On better days she would rouse herself to go shopping at the newly opened mall down the road. Sometimes she would end her shopping spree with a visit to the local sauna, where for a small fee she could sit around with other women her age and indulge in her favourite pastime, *dard-e-del* (Farsi for “painful truths from the heart” or “speaking from the heart”). By the second therapy session it became apparent that, having crammed a lifetime’s worth of disappointment into her 26 years, Maryam felt she had earned the right to uninterrupted *dard-e-del*, that is, culturally approved indulgence in free association.

Maryam was born into a financially secure, secular, middle-class family. Her earliest childhood memories consisted of an exciting family visit to the circus and making a snowman with her father in the backyard. Things, however, soon took a turn for the worse. Her father’s university career was curtailed due to political pressure and her mother’s ambitions as a dance teacher were scuppered by an Islamicised culture too insecure to tolerate scantily dressed young women expressing their sensuality in public. While the family’s collective subjectivity remained stubbornly middle class, their objective status saw them rapidly proletarianised. At the age of 15, Maryam was married off to a wealthy but ultra-conservative 40-something *bazaari* merchant. Although arranged marriages are encouraged by tradition and by official Islamic morality, they are seldom practised amongst the urban middle class, so the episode provided ample opportunity for spiteful gossiping.

On her wedding night Maryam had to secure her family’s *esalat* (authenticity or reputation) by proving her virginity. When the obligatory blood-stained bed-sheet failed to materialise her already asymmetrical power struggles with her husband’s clan became even more one-sided – see Yasan and Gürgen (2009) for a Turkish study showing that “two out of three of the couples experienced the obligation to show the blood-stained sheet as proof of virginity” (p. 71). The scandal brought *nang* (shame) to her own family and irredeemably undermined her last support network. When a pregnancy was not forthcoming, Maryam was blamed for the couple’s infertility and punished physically – sadly, a common occurrence in certain parts of Iran (Moghadam, Ardabili, Salsali, Ramezanzadeh, & Nedjat, 2010). To lessen the pain, she would pretend that the violence was proof of her husband’s affection. Secretly she even began to look forward to it.

Many months later, when the scolding and beatings proved ineffectual, she was sent to a specialist who diagnosed hypoactive sexual desire disorder and vaginismus. It is of note that an unusually high number of Iranian sex studies seem to focus on women as the source of sexual problems. Maryam still remembers the strange mixture of humiliation and incandescent secret joy as the psychiatrist explained how unhealthy it is to deny oneself sexual fantasies and how this could lead to inability to orgasm or involuntary contraction at the touch of her husband.

During this difficult period Maryam had only one person to confide in: an old school friend who as a teenager had always been in trouble with the authorities for what would elsewhere be considered normal teenage behaviour. Nonetheless, as a female friend she was considered *naa-mahram*, or acceptable as an escort or chaperone, and allowed to socialise with Maryam. This friend introduced Maryam to various youth circles that were

trying to create an autonomous space for themselves in a society prefigured to crush their liberties. The getaways had to be planned with almost military precision to avoid suspicion, and so it came that rather late in life Maryam discovered the joys of alcohol, drugs, group sex and, finally, love. After a spate of heterosexual affairs, she pursued a lesbian relationship with her friend which, at least on her part, could be described as *amour fou*. As such, it could only end in disappointment and, when it did, Maryam turned to hard drugs and then prostitution in order to pay for her habit. When she was arrested she was working in Elahieh district, which, ironically, is known as the Beverly Hills of Tehran. Intercession from her husband and his powerful connections hushed up the whole affair and resulted in her ending up with a Grossian therapist rather than in a cell in the notorious Evin prison.

GROSSIAN ANALYSIS AND THERAPY

Otto Gross would have started his observations by noting that mental illnesses are ordained to arise in a society dominated by so many fundamental contradictions. He would identify Iran as a society being burst asunder by tensions pitting men against women, gays against straights, children against adults, conscious(ness) against the unconscious, modernity against both pre- and post-modernity, religion against atheism, and the mullah-bourgeoisie against the proletariat. Echoing Nietzsche, he would welcome the “cultural crisis” Iranians are going through as a precursor for “revaluation of all values” (Gross, 2012, p. 257).

He would also suspect that Maryam’s intense turmoil was at least partly due to childhood inner strength: “The more intensely and earlier the capacity for resistance begins its protective function against suggestion and intervention, that much more intense and that much sooner the splitting conflict is deepened and exacerbated” (Gross, 2012, p. 258). As one of the earliest advocates of the adage that “the personal is political” (G. Heuer, 2012, p. 274), Gross would trace Maryam’s psychosexual problems to patriarchal dominance. In many ways patriarchy becomes more entrenched when it is severed from the soil (as is the case with Maryam’s husband, the son of a big rural landlord who nowadays trades mostly with city customers). The patriarchal family now becomes “economically as well as personally a generally oppressive burden” (Gross, 2012, p. 283). Furthermore, “the dissonance between a new inner self and a no longer sustainable tradition is ever greater” (ibid., p. 283). The crisis in sexual morality comes to overburden private life, in turn stimulating the development of “immorality [which] is the manifestation of deep-seated, latent helplessness” (ibid., p. 284).

Gross would consider unhealthy not only the arranged nature of the marital relationship between Maryam and her husband but also the very institution of monogamy (Mitzman, 1977). Again, following Nietzsche, Gross would describe the parental and societal authority Maryam is subjected to as pathologised manifestations of the “will to power” and therapy would consist of a slow transformation to the “will to relate”. What Gross meant by the latter is both simple and complex. Simply put, “the will to relate” is about the capacity to love, empathise and forgive (B. Heuer, 2011; G. Heuer, 2012); its focus is intersubjectivity. More theoretically, we can restate “the will to relate” as a synthesis of Stirnerian individualism with communitarian ideology. This approach allows Gross to redefine sexuality as “an impulse toward contact with the other in a larger sense, toward social community” (Mitzman, 1977, p. 94). It also complicates the therapeutic relationship

by introducing an element of risk because “being relational entails the therapist revealing more of themselves and challenges the traditional analytic assumption ... of a neutral, ‘blank-slate’ position” (Rolef Ben-Shahar, 2013, p. 5).

Gross would find nothing gender essentialist or instinctual about the sadomasochistic relationship between Maryam and her husband. Similarly, any observable gender difference between men and women is due to the organisation of society (Mitzman, 1977). However, in contradistinction to Freud’s misogynistic tendencies and perhaps in contradiction to his own non-essentialist views, Gross did conceive of female sexuality and matriarchy in general as positive and active qualities and saw “revolution for matriarchy” as a necessary corrective to centuries of male domination (Gross, 2012, p. 271).

Gross was mindful of the risks to women if this revolution is taken up individualistically, especially in highly authoritarian societies. The woman “equipped with the most powerful natural impulses” who successfully defies norms and convention finds herself ostracised by men and relatives, while the less successful in throwing off the shackles of repression will end up indulging in “petty forms of forbidden or anti-social behaviour, such as kleptomania, cruelty and the tendency to make oneself ugly” (Mitzman, 1977, p. 92). Maryam’s drive for self-preservation only partially resisted masochistic tendencies before her failed lesbian love affair sent her back into an abyss of despair and self-recrimination. An “affirmative stance” by Gross regarding Maryam’s sexual desires would take into account the inferior legal status of women vis-à-vis men and homosexuals vis-à-vis heterosexuals under Shariah law (for more on the “affirmative stance”, see Frosh, 2007). For instance, according to Gross, “Homosexuality had a great task to fulfil in the psychic life of humanity. In essence, it raised the [sexual] drive above its bestial limitations. Only homosexuality taught both genders respectively an understanding of why it was loveable as gender” (Werfel, 1990, p. 352).

We now turn our attention to Grossian therapeutic techniques that might benefit Maryam. Gross was influenced by Kropotkin’s principle of “mutuality in equality” and would attempt to practise this within therapy as part of his “propaganda by example”. Gross would allow Maryam to contribute to a consensual diagnosis and perhaps even exchange roles (G. Heuer, 2012). Maryam would be encouraged to become a therapist and Gross would become a friend (Cohn, 2010). He might even carry out her analysis in public at a café or at a party and with the passive participation of her friends (Noll, 1997), in order to overcome the artificial separation between theory, practice and life (Cohn, 2010). We cannot be certain but descriptions of his method may even suggest a pioneering form of Bion’s group therapy (Bion, 1998) with elements of Bakhtinian “dialogism” and “life as authoring” in close attendance (Clark & Holquist, 1984).

Gross would urge Maryam to see her “bisexuality as a given” and would recognise her “illness” as an expression of a legitimate protest against a repressive society (G. Heuer, 2012). According to Erich Mühsam, who was analysed by Gross, during the course of therapy the analysand “is brought to the point where [she] is no longer interested in herself as a sufferer but in the suffering itself. She objectifies her condition ... The transformation of the subjective sensations into objective values is the process of cure” (Mühsam, quoted in Noll, 1997, p. 75).

Maryam’s behaviour demonstrates a conformist pattern: to the dictates of *paterfamilias*, to her husband and finally to her lesbian friend. Gross would argue that she is masochistically surrendering her individuality. To counteract this trend, love must be granted “absolutely

unconditionally”, even though this exercise might undermine the authority of the therapist (Mitzman, 1977, p. 96), or prove ethically controversial (Cohn, 2010, p. 416). Gross would encourage Maryam to engage in relationships free from both physical and psychological violence – to have as many partners as she wishes and to experiment with communal living with likeminded people (G. Heuer, 1998). In the process Maryam’s unconscious would be utilised as an aid for identifying the bourgeois authority that had infiltrated her own inner being, in order to cast it off more effectively.

For Gross (unlike Freud) the unconscious is a treasury of “hidden values [that are] performed in human disposition but repressed from consciousness through the psychic pressure of education and all forms of authoritarianism” (Gross, quoted in Cohn, 2010, p. 415). Accordingly, Maryam must lift repression by acting out her desires in order to discover her “authentic” self (see Handyside, 2012). This de-repressive therapy may even be encouraged through the use of cocaine and opium (Cohn, 2010). Those within psychotherapy opposing such Grossian advice are making an implicit connection between promiscuity and mental illness, which in my view is both unjustifiable and hypocritical. Reactionary modernism takes full advantage of our hypocrisy in order to perpetuate itself (for a fuller discussion of promiscuity and hypocrisy, see Samuels, 2009).

SECOND CASE STUDY: AMIR

The personal and financial gains of being a cleric in contemporary Iran are such that a therapist rarely comes across a defrocked mullah. The mild-mannered, softly spoken, 30-something-year-old Amir sitting in front of the Reichian therapist was precisely such a character.

Amir’s upbringing had been traditional and, to those intimate with the clergy’s way of life, rather tedious. He was born in the late 1960s in a city that believers still insist upon revering as the “holy” city of Qom. His austere father was a relatively successful currency dealer who wanted Amir to become a member of the clergy. He was sent to *madrassa* (religious school) but also received private tuition in English. He must have displayed great aptitude since he was earmarked early on for the famous *Faiziyeh* madrasa, where Ayatollah Khomeini himself had studied.

It was during his pre-teens when his friends first noticed signs of behavioural dysfunction in Amir. His secret hobby of arresting alley cats for “vagrancy”, setting up ritualistic mock trials and torturing them to death was revealed by the neighbour’s daughter. In his defence, and seemingly oblivious to the impact of his words, he explained how he enjoyed the “music” cats made as he set them on fire (see Darnton, 1984). Many years later during therapy Amir recalls how the sight of a boy bleeding from the nose following a fistfight had excited him. Lowering his voice and overcoming a deep sense of shame he admits how the same excitement grips him each year during the Day of *Ashura*, which in some places involves ritual, public self-flagellation. *Ashura* represents a Shi’a day of mourning for the “martyrdom” of Imam Hussein, a grandson of Muhammad, who died at the battle of Karbala, which was an internecine conflict within the Islamic ruling class. In some places the ritual involves self-flagellation and there is a keen competitive edge to the amount of pain one’s body can tolerate.

Amir was a young man when his father caught him masturbating with a Playboy magazine bought on the black market. He gave Amir a severe thrashing and made him recite the Koran all night long as punishment. As the pain in his joints subsided and the recitation became mechanical, his mind lingered on the minutiae of the incident as if to etch it permanently in his memory: the smell of jasmine-scented lubricant, the feel of leather strap on his back and his father slipping and sliding comically on the glossy magazine in his haste to bear down harder on him.

The punishment failed to dampen his sexual curiosity and he started finding ingenious ways of voyeuristically spying on his neighbour's daughter. One such episode consisted of a complicated series of mirrors and pulleys constructed as a science project. With voyeurism he felt no shame. In fact, he considered it an act of defiance against both his father (Zhang, 2005), and the girl who had exposed his proclivity for burning cats. Although Amir was not interested in politics, his friends noticed he made the occasional appearance at demonstrations when the issue was erotically charged. One such protest was organised by right-wing fundamentalist students against the election of a female city councillor whose only crime seem to have been being too attractive (Nelson, 2013). The councillor's election posters were deemed transgressive of Islamic codes and she was accused of using her female wiles to seduce the gullible electorate. Amir remembers marching angrily toward the council headquarters, shouting "Jendeh, e'daam baayad gardad" (metaphorically, "Lynch the whore").

Throughout his teens Amir's public environment was segmentalised into a series of homosocial spaces. He attended a boys-only primary school and was denied contact with girls throughout his secondary education. It is hardly surprising that he grew up ignorant of the opposite sex and insecure about initiating contact (Mahdavi, 2011). Gradually he gravitated toward same-sex relationships. As a *talabeh* (religious student), Amir had ample opportunity to forge homosexual friendships but these encounters were more secretive than American-style cruising and far riskier than British-style cottaging.

He was a qualified mullah and a "pillar of the community" when his relationship with a teenage talabeh was discovered. Since the talabeh refused to cooperate with the authorities, the greater charge of *lavat* (sodomy, which is punishable by death) was reduced to a charge of *tafkhiz* (frottage), and Amir received 100 lashes as punishment (Whitaker, 2010; Mahdavi, 2011). Defrocked and drummed out of the clergy, he was also disinherited by his family. The defrocking of a mullah in a theocracy is a brutal rupture. He ended up with no money, no friends and no means of earning a living. His impoverishment in both a financial and psychological sense was precipitous. He would shout at people on the street and mumble to himself in public. In a society where discursive "impurities" are consistently filtered out, his vulgar blasphemies had become a deep sense of irritation to people and a source of entertainment to the local children.

Amir was arrested by the authorities following a highly provocative public act. A naked man was reported flagellating himself with barbed wire and screaming "God be fucked" (see Hekma, 2006), while masturbating and defecating on a picture of a leading ayatollah. On the verge of being stoned to death by a hostile crowd who had gathered to witness the spectacle, Amir was saved by a conscientious police

officer who whisked him away to a psychiatric hospital. After months of unsuccessful drug and electroconvulsive treatment by psychiatrists who recommended transgender reassignment, he was finally deemed passive enough to start therapy, and that is how Amir came to be in the office of the only Reichian therapist in town.

REICHIAN ANALYSIS AND THERAPY

Reich would almost immediately have recognised that in Amir the “natural self-regulating life expressions” had been suppressed from birth (Reich, 1933/1990). Consequently, Amir would be categorised as suffering from the “emotional plague”, describing a kind of neurotic character who may lash out at himself or the external disturbance causing his emotional excitation. Since the “emotional plague” is sustained by secondary drives and a function of the character, it is strongly defended (*ibid.*). In such individuals action and the motive for the action never coincide, meaning the real motive is commonly concealed (*ibid.*).

Nowadays we are fortunate to be able to draw upon not only Reich’s work but also a number of post-Reichian contributions. Bertell Ollman’s position on Reich represents a sensible starting point. Ollman (1979) reminded us that “sexual repression is one kind of repression among many; that sexual repression is not peculiar to capitalism” (p. 212). Reich’s view of a client emerged from practice rather than mere theory: “as a practising therapist, Reich found that sexual repression was at the core of most of his patient’s neurotic conflicts ... [and] consistently repressing any strong impulse contributes to the formation of an authoritarian character” (*ibid.*, p. 214). Reich would therefore find the intolerable burden placed upon Amir by parental, educational and societal pressures directly culpable in the development of his sexual alienation (*ibid.*). His approach would demonstrate how “*suppression* of sexuality by society preceded and produced the individual’s internalized *repression* of sexuality” (MacBean, 1972, p. 3).

Reich took up and developed Freud’s earlier “concept of *Actualneurosis* and a theory of anxiety based upon the idea of dammed-up libido” (Kovel, 1987, p. 176). In this context “Actual” is to be understood as both “real” and present-day. The series of *real* traumas experienced by Amir, both as youngster and adult, and *actual* failure of discharge were the root cause of his neurosis. Reich would not have ignored psychoneurosis – Amir’s anxiety would be seen as an indicator of intelligence and a capacity to foresee danger – but the focus of therapy would remain on actual neurosis and the body throughout. His compiled data would not be restricted to verbal interaction but include “the patient’s manner of speech, the way at which he looks at the analyst and greets him, the way he lies at the couch, the inflection of his voice” (Reich, 1963, quoted in Robinson, 1972, p. 30).

Moreover, he would be keen to deal actively and immediately with Amir’s defensive muscular armour (stiff neck, fixed smile, anxious gaze and passive slouch), instead of waiting for suppressed wishes and fantasies to bubble up to the surface (Kovel, 1987). Frozen bodily patterns would be released through encouraging emotional expression and bodily manipulation. This was a refined process as blockages were “opened up from the forehead down – through the eyes, mouth, throat, neck, shoulder, thorax, diaphragm, belly, perineum and genitals” culminating in “orgastic potency”, which heralded the end of therapy (*ibid.*, p. 182). Orgastic potency was much more than the ability to experience erections and

ejaculations and was expanded to include “the capacity for complete surrender to the flow of biological energy without any inhibition” (Reich, 1927/1961, p. 79). This active therapeutic stance reminds us that “transference is ... not only a psychological but also a *bodily* process” (Totton & Priestman, 2012, p. 39). In societies labouring under severe hierarchical tensions and restrictive taboos about nudity and touch, the Reichian style becomes subversive and essential in equal measure. Ironically the (relatively) unregulated nature of therapy in Iran may provide the aspiring Reichian therapist with more opportunities for “maintaining an outside edge” (Rolef Ben-Shahar, 2013, p. 11) and engaging in “explicitly countercultural” body psychotherapy (Totton, 2013, p. 136).

Reich would identify Amir as an extreme neurotic who has difficulty not only in initiating sexual contact but also in surrendering during the sexual act. However, he would not allow therapy to become rigidly determined by a classificatory system, preferring instead to describe the tendencies that have pushed a distressed middle-class religious man toward extreme rightist positions (Reich, 1933/1983). The inhibitions, anxieties, stiffness and deadness he manifests would attest to this. Reich’s therapeutic strategy would involve weakening Amir’s “character armour”, including the defences he has inherited from family, Mosque and society, in order to increase his self-assertiveness (Ollman, 2012). Reich would supplement the therapeutic aspect of the treatment with an educational programme (Fofooni, 2010), during which Amir’s fear of intercourse would be tackled.

As Amir’s sexual repression is a “process taking place between the ego and the urges of the id” (Reich, 2012, p. 22), he would be taught to identify external moral inhibitions that, through the mediation of his psyche, have turned into body armour and fear. Although sexual instincts are modifiable and capable of sublimation, Reich (*ibid.*) argued that “they cannot completely forgo satisfaction” (*ibid.*, p. 23). Moreover, one’s economic role shapes the form of sublimation: “it is above all a man’s social position which decides whether he will sublimate his sadism as butcher, surgeon or policeman” (*ibid.*, p. 42). In the case of Amir, his youthful sadism manifested in the ritualised torture of cats could not find adult sublimation even though, as Reich observed, for some members of the clergy religion functions as a perfect vehicle for sexual sublimation. This may also explain how Amir’s sadism easily transformed into masochism and fantasies of self-flagellation (see Turley, King, & Butt, 2011), which for Reich was “a secondary drive, a response to a diversion of primary libido” and not a validation of the death instinct, as Freud would have claimed (G. Heuer, 2012).

Reich would have a great deal to say about the destructive influences of religion on Amir, and the need to counter it with an open and clear “sex-affirming ideology” (Reich, 2012, p. 157). He would see a link between Amir’s excessive masturbation and asceticism (Robinson, 1972). He would also see through Amir’s excessive politeness, which occasionally manifested during therapy at precisely those moments when Amir was displaying the most resistance. The polite “character resistance” was aimed at diverting the analyst from investigating dangerous unconscious material (Robinson, 1972, p. 27). Reich would make a distinction between three forms of sexual repression. The first was a religious discourse aimed at moral edification. The second form of repression was cultural (and a mainstay of classical Freudianism). The third, and for Reich the most significant, was a repression related

to political economy which, as Robinson (1972) has described it, created “the character structure necessary for the preservation of an authoritarian social regime” (p. 47). In the Islamic Republic, these three forms of repression fuse and reinforce each other constantly.

Reich would demonstrate how this basically mystical fascism uses contradictions already embedded in the petty bourgeois for the purpose of manipulation:

the ambivalent attitude toward authority – *rebellion against it coupled with acceptance and submission* – is a basic feature of every middle class structure from the age of puberty to full adulthood and is especially pronounced in individuals stemming from materially restricted circumstances. (Reich, 1933/1983, p. 71)

More specifically, in gender terms, Reich would underscore how fascism’s contradictory treatment of women embraced a mixture of, as Brown (1974) put it: “ascetic ideals, the sublimity of motherhood, and female subservience – all in a mystical way, tied to Germanic mythology and cosmogony” (p. 88).

Amir’s orgasmic impotence is the root cause of the psychic forces of defence that have developed a feeling of disgust in him toward women (Reich, 1933/1983). The fact that an Iranian man “does not attain a full social position in the community until he is married” exacerbates his problems (Malinowski, 1927, quoted by Reich, 2012, p. 145). Furthermore, the early inhibitions of genital gratification are the reason his sadistic impulse has intensified beyond his control (Reich, 1933/1983).

BEYOND GROSS AND REICH

In this final section I wish to draw a number of parallels between Gross and Reich. I begin by discussing problem areas that characterise their work, mainly in relation to biologism, heterosexism and authoritarianism, before indicating where their work remains immensely beneficial to people suffering from sexual impairment.

Biologism

In the work of Gross and Reich there was, from the outset, a tension between the biomedical imperative and what is nowadays known as the biopsychosocial perspective. Gross flirted with biologism in the guise of evolutionary psychology (Noll, 1997; Gross, 2012) without succumbing to it completely (Gross, 2012). Reich, on the other hand, eventually became a hostage to his own flawed logic (Shapiro, 2002), jettisoning the psychosocial elements of his analysis for the orgone hypothesis (Kovel, 2010; Cerveny, 2011). This tends to reduce events within therapy to the flow of energy, “overriding considerations of the relationship between therapist and patient, and indeed, the entire play of language and the meaning of things” (Kovel, 2010, p. 48). However, this statement may be too harsh on Reich. As Gottfried Heuer (2011) has argued, Reich was developing a holistic perspective where “there is no separation between the individual and the world” (G. Heuer, 2011, p. 34). As such, Reich has a legitimate claim to being called a pioneering ecopsychologist. While I accept this possibility, I still hold that many of his arguments collapsed onto a biomedical terrain.

If the aim of Reichian therapy is the restoration of orgasmic potency, it is essential to remind ourselves this is a rather prudish vision with a supposed natural man and natural women at its core: “Beneath these neurotic mechanisms, behind all these dangerous, grotesque, unnatural phantasies and impulses I found a bit of simple, matter-of-fact, decent nature” (Reich, 1972, quoted in Weeks, 1985, p. 162). It is ironic that a writer who, as Brown (1974) acknowledged, did so much to contextualise and relativise Freudian concepts could himself succumb to absolutist, ahistorical tendencies.

The core of Reich’s work – his theory of orgasm and character analysis – is “strongly anticipated by the work of Otto Gross” (Cohn, 2010, p. 414). Their errors are likewise shared (Spitzer, 1953/2005). The notion, particularly strong in Reich’s later work, that orgasm offers an experience with one’s true self, stands in contradiction to the suggestion that it involves a loss of self (Potts, 2000). Moreover, as Cohn (2010) has observed, “Left Freudianism tends to conceive of history as little more than the wreckage of primordial Eden ... for [Gross and Reich] authentic selfhood is what is left when one has expelled what has been introjected” (p. 424; see also Moore, 2010). Sentimentalism and over-simplification are expressed by Gross’s idea that “the coming revolution is a revolution for mother-right” (Gross, 2012, pp. 257–259) and Reich’s contention that the Trobriander community of Papua New Guinea possesses an authentic sexuality, characterised by a lack of “false modesty ... sexual greed and lechery” (Reich, 2012, p. 133).

For Reich the libidinal force became inherently genital in nature, so, as Weeks (1985) commented, “that there was a natural, not as in Freud, a conflict-ridden progress through the oral, anal and genital phases” (p. 162). The aim of therapy, therefore, was also gradually diminished to the restoration of orgasmic potency. What Maryam and Amir require is deep self-knowledge, extensive inter-personal therapy and a realisation of extra-psychological societal factors influencing them. Most aspects of the work of Gross and Reich would be helpful here but their tendency toward naturalism, primitivism and the evolutionary (in the case of Gross) or physiological (in the case of Reich) dimensions of sexuality would militate against a successful outcome.

Heterosexism

James Justin Moreir (1780–1849) was a British diplomat and the author of a number of novels about Iran who risked the ire of the Qajar dynasty (1785–1925) through his satirical depiction of sexual customs and mannerisms amongst early 19th-century Iranians. Among the disputed attributes was the biting reference to Iran as “this rascally beggarly b-gg-rly country” (quoted in Najmabadi, 2005, pp. 54–77). Irrespective of whether any element of wishful thinking was involved, the description underscores the fluid and non-classificatory discourse of sexual conduct for 19th-century Iranians.

According to Najmabadi (2005), it was in response to such European censorship that “Iranian men began to dissimulate, deny, and disavow same-sex practices, a process that contributed to a radical reconfiguration of structures of desire by introducing a demarcation line distinguishing homosociality from homosexuality” (p. 61). The erotically charged homosocial space was declared devoid of sexual yearnings while, ironically, “sexual acts between men ... continued to be seen as what men did before they settled into heterosexual procreative sex with wives ... rather than as what marked them as a particular type” (ibid., p. 67). Denial, privacy, “ideological dilemmas” (Billig, Condor, Edwards, & Gane, 1988) and prevarication continue to mark an attitude toward sexuality that amounts to an almost blanket social amnesia. This social loss of memory is “objectively manufactured by society” (Jacoby, 1997, p. 4) and serves the economic, political and cultural interests of the mullah-bourgeoisie.

The double-bind in which Iranians find themselves with regard to a whole raft of sexual mores may have its roots in this manufactured social amnesia but it is crucial to emphasise that amnesia does not function through suppression alone; it also contains an officially sanctioned discursive component. Iranians are constantly bombarded by contradictory ethical guidance. They are encouraged to both celebrate sexual chastity and display sexual exploits. Erotically charged homosocial spaces are actively deployed in order to segregate the sexes, while homosexuality is frowned upon (Habibpour, 2013). At times, male homosexuality is tolerated if it remains private and pre-marriage (see Benadusi, 2004). Post-marriage male homosexuality can also be accepted so long as it does not interfere with the procreation of the next generation of wage slaves. Female homosexuality cannot be frowned upon since it is rarely acknowledged by official discourse. A parallel bind encourages freedom of choice through consumerism and simultaneously limits it through arranged marriage and restrictive divorce laws. Children are elevated as divine while girls are forced into marriage with older men. Procreative sex is portrayed as a sacred duty in one campaign cycle before strict family planning demands self-discipline. One government encourages procreative sex as a sacred duty, before the next program brings in strict family planning laws to limit population growth. Sexual ambiguity is tolerated for most members of society with the exception of self-identifying bisexuals, transsexuals or hermaphrodites (see Najmabadi, 2011). These individuals are pressured into drastic surgery because their unfixed identities are considered a danger to society (see Douglas, 2002; Topp, 2013).

Given the weight of evidence presented so far, I would suggest that the same-sex tendencies presented by Maryam and Amir as well as their heterosexual desires would have been more sensitively dealt with by Gross than Reich. Gross would not view Iranian women “merely as passive participants, but as vital protagonists interacting with the structures of their domination” (Safa-Isfahani, 1980, p. 34). He showed a degree of open-mindedness on this issue out of keeping with his times:

I believe that inherent, that is, “normal” sexuality is joined to a homosexual component, with the function of enabling one to feel one’s way into the sexual attitude of the opposite sex. Because one can only have empathy with what one experiences inwardly, and that means, in the case of empathy with the sexual experience of the opposite sex, allowing a fragmentary homosexual motive to become vital in oneself. (Gross, 2012, p. 291)

Reich’s views on homosexuality, by contrast, could be intolerant at times: “The more clearly developed the natural heterosexual inclinations of a juvenile are, the more open he will be to revolutionary ideas; the stronger the homosexual tendency within him and also the more repressed his awareness of sexuality in general, the more easily he will be drawn toward the right” (Reich, 2012, p. 297). Some readers may take issue with this position by pointing out that “there are several case histories where [Reich] works sensitively with gay clients: his position was not anti-gay, but, rather, one based on a false idealisation of straight sexuality” (anonymous reviewer 1). However, there is also this quote by Reich on homosexuality from his one-time wife:

Dr. Havrevold told me, during the interview in Oslo in 1966, that he once tried to refer a very worthy professional man to Reich for training, but when Reich heard that the person was a homosexual, he not only refused to accept him, but said, “*Ich will mit solchen Schweinereien nichts zu tun haben*” [I don’t want to deal with such filth.] (Ollendorf Reich, 1969, p. 114).

Authoritarianism

Yet another little irony needs fleshing out before the positive contributions of Gross and Reich to sexual emancipation are reaffirmed. For two therapists taken to heart by the libertarian communist movement, Gross and Reich were capable of alarming authoritarianism. This tendency seeps through their theoretical work and is at times embodied in their actual human interactions.

Kovel, a one-time follower, informed us of “a flaw in Reich’s own character, namely, a grandiose and authoritarian streak which was to play a major role in his downfall” (Kovel, 2010, p. 44, n. 11). Reich’s utopia betrayed its puritanical character with his claim that the sexual revolution “marked the end of pornography and foul language” (Robinson, 1972, p. 51). Would the late Reich have possessed the patience to develop a nuanced analysis of Amir and Maryam’s proclivity for pornography and their liberal use of swear words? For that matter, would his patients benefit from his marginalisation of Marx’s class analysis or his own earlier character analysis in favour of orgone therapy?

Otto Gross was immortalised by various bohemian writers who had gathered around him. In *Das grosse Wagnis* [*The Great Risk*] by Max Brod (1918), he is portrayed negatively as the dictatorial “Dr Askonas” (Noll, 1997). His cocaine and anaesthetic addictions (which, incidentally, he continued with during therapy with Jung) could not have made him any easier to get along with. While Reich believed in serial monogamy, Gross inclined toward polygamy. Both encouraged sexual liaisons with patients, more openly in the case of Gross, who even convinced Jung to sleep with his patient, Sabina Spielrein (Noll, 1997). In retrospect, Gross’s call to “repress nothing” and the establishment of a female-centred society based on “total promiscuity”, resembles, as Cohn (2010) commented, a rather “self-serving heterosexual male fantasy” (p. 422).

CONCLUDING REMARKS

The imaginary nature of the present work is testimony to the fact that there is no such thing as a Grossian therapist anywhere and little or no Reichian therapeutic work being carried out inside Iran. Consequently, I have attempted to garner support for the integration of insights from Gross and Reich into already established radical forms of therapy. Any permutation of neo-Grossian and neo-Reichian therapy would need to transcend the lapses in biologism, heteronormativity and authoritarianism present in the original work. Only then can the likes of Maryam and Amir benefit from the full range of psychological and political lessons Gross and Reich have bequeathed us – for it is to my mind undeniably true that, at the height of their intellectual power, the Marxist Reich and the Anarchist Gross displayed psycho-political wisdom outshining most bourgeois therapists today.

From their close analysis of right-wing movements, Reich and Gross would have instinctively recognised many of the fascist characteristics of the Islamic Republic of Iran, such as the simultaneous promotion of hyper-masculinity and emotional public

crying, sexual piety and underage prostitution, as well as the regimentalisation of public and private spheres of being (see Benadusi, 2004). Iran is a highly complex society whose leadership is composed of sections of the ruling and middle classes. While all factions serve capitalism, they do so under different ideological banners. Since 1979 economic policy has changed hands between neo-liberals and fascists, while social policy has been determined largely by right-wing populists and/or fascists. In more recent times, less powerful institutions have come to represent the views of classic liberalism and social democracy although they remain marginal.

I suggest Reich and Gross would have initiated their investigation of the extra-psychological factors influencing Maryam and Amir from this perspective. They would have teased out different types of sexual suppression, perhaps making a distinction between pre-modern methods which tend to suppress sexuality through denial, modernist methods which suppress through classification and regulation, and post-modern methods that seek the voluntary collaboration of subjects in their own sexual repression. Reich in particular would have shown how emotional longing is an important component of fascism (MacBean, 1972) and he would – as he did – pose the following: “Wouldn’t it be closer to the mark to ask *what was going on in the masses* that they could not and would not recognize the function of fascism?” (Reich, 1933/1983, p. 55). He would identify the promotion of emotionalism and the regime’s ability to suppress sexuality, as key to its continued survival: “For the very reason that National Socialism is an *elementary* movement, it cannot be gotten at with ‘arguments’. Arguments would be effective only if the movement had gained its power by argumentation” (Stapel, no date, quoted by Reich, 1933/1983, p. 68).

Reich and Gross would correctly identify family, school and the state as seminal sites of contestation and demonstrate how the mullah-bourgeoisie’s gradual loss of control over, first, labour power and then the reproduction of labour power has left the regime feeling insecure. They would also help patients with rigidly moralistic attitudes become aware of their own desires and emotional expressions (Shapiro, 2002; Sletvold, 2011), and to challenge religious and/or distorted interpretations of religious beliefs about sexual conduct (see Francoeur, 2001; Timmerman, 2001).

In going beyond the mind–body, personal–political and individual–social dualities still bedevilling most forms of therapy, their contribution would provide a solid basis for diagnosis and treatment. However, there is no getting away from the fact that at present, and perhaps for years to come, practising radical therapy in a society like Iran would be neither safe nor predictable. Ultimately helping Amir and Maryam involves more than a correct diagnosis and treatment. It involves empowering clients to stand up to capitalism and religion. As Totton (2012) has put it, “Reich [and Gross] argued that therapy led people to become less passive and more self-actuating in their work and relationships and harder to push around – constructively stropier, one might say”. Mistakes will be made, disputes will emerge. Great therapists are marked by a willingness to own their errors in “an atmosphere of relative non-defensive openness” (House, Maidman, & Scurfield, 2013, p. 21). In this context therapy requires political advocacy by therapists intellectually equipped with the best that critical therapy has to offer as well as the defiant spirit of figures such as Otto Gross and Wilhelm Reich.

ACKNOWLEDGEMENTS

I am grateful to Professor Houchang E. Chehabi (Boston University), who corrected a number of errors in the original version of this paper before submission. The two anonymous reviewers made very constructive suggestions which encouraged me to improve key passages. Thanks are also due to Gottfried Heuer for his translation of the quotation from Werfel, and to Keith Tudor, the editor of *Psychotherapy and Politics International* for a swift turnaround of this paper.

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