A Warning Against Psychotherapeutic Overtreatment

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Nowhere is the ancient medical *maxim primum non nocere*, "First, do no harm," more important than in the treatment of homosexuals. People seeking psychotherapeutic help because they are troubled by homosexual feelings too often end up as active homosexuals. Such a case was recently described to me by a psychologist colleague as we were discussing the nature of homosexuality.

"My best friend in this world (excepting my wife)," he wrote, "was a married man with three sons when I met him. In all the years he was married, all he did was go for therapy to try and rectify sexual difficulties. When he finally 'came out' [as a homosexual] in his forties, he became a happier and better person... I had a conversation with him some years ago and asked him if he thought he could ever again be heterosexual. He said, 'I couldn't any more be heterosexual than you could be homosexual, and neither of us would or should be other than what we are.'"

Homosexual feelings, like other forbidden sexual feelings, are not mysterious; they can occur in any of us. Those feelings are more frequent today than years ago because of our currently greater acceptance of homosexuality itself. When their mere appearance evokes panic, and suppression is then attempted, they can assume a driving quality. If, however, we recognize that these feelings are often both trivial and normal, we can turn our minds relatively easily to something else.

Prolonged, undirected "reconstructive" investigation to find the supposed childhood sources of these forbidden feelings can, however, increase their importance in clients' minds - as well as their guilt about having them. Prolonged introspection, especially if unaccompanied by behavioral interventions, can produce a veritable obsession, which may then be resolved by engaging in the forbidden activities.

The more prolonged and intensive the psychotherapy for homosexuality is, the more the responsibility for successful change shifts from client to therapist: to the latter's ability to uncover specific past experiences which will supposedly, and almost magically, transform the client. If no such transformative experiences occur in the therapy, the client's subsequent homosexuality may become even stronger than before.

Something of this sort apparently happened here. Whether the wife of this father of three, who was having sexual difficulties, was involved at the start of his therapy - as she should have been - we do not know. His difficulties, which apparently included homosexual feelings, led to prolonged therapy, whose end result was his becoming homosexual – and insisting that his homosexuality was preordained rather than significantly the product of therapy. Therapy can help clients change—toward homosexuality or away from it—and may also not always have the effect that therapists intend.

Those homosexuals who did have homosexual experiences in childhood - 60% of the 1963 Bieber group - may indeed face a major reconstructive therapeutic task: disentangling in their minds the intense physiological pleasure the experiences produce from the intense guilt often evoked by both the experiences and the pleasure. But even in these cases, considerable effort on the client's part, in addition to whatever insights he may gain, is necesssary for change to occur.

In the treatment of homosexuality, over-reliance on insight, and excessive focus on the past, together with neglect of effort's role in the present, can be harmful. And excessive attention to current homosexual feelings can increase the likelihood of homosexual behavior. ■