

# Response to the American Psychiatric Association

by Charles Socarides, M.D.

On December 11<sup>th</sup>, the American Psychiatric Association issued a statement opposing sexual-orientation conversion therapy.

The Psychiatric Association says it opposes treatment "which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that a patient should change his/her homosexual orientation."

The A.P.A. based its stance on the fact that it no longer considers homosexuality disordered, and on the belief that a therapist who shares society's "prejudices" about homosexuality will increase the patient's self-hatred, anxiety, and self-destructive behavior.

NARTH President Charles Socarides responded to the A.P.A. as follows:

The statement of the Board of Trustees, APA reported by you in *Psychiatric News*, (34/2; January 5, 1999), entitled "APA Maintains Reparative Therapy Not Effective" is so filled with misunderstandings and unwarranted conclusions on the subject of the treatment of homosexual patients that it calls out for correction and explanation as a matter not only of scientific accuracy, but of public health information.



Charles Socarides

The homosexual patient, his family, and the world-wide psychiatric community should not be misled by what is actually sociopolitical activism within our organization, the aim of which is to normalize all homosexual behavior and to demean and discredit efforts of psychiatrists and psychoanalysts who attempt to help these patients and their families.

The obligatory homosexual is a victim of certain early developmental conflicts which have left him with a disturbance in his gender-defined sexual identity—the core of his disorder—a condition over which he has little or no conscious control or understanding. We cannot cast a blind eye or a deaf ear to the entreaties of those who urgently desire our help.

Let us be crystal clear:

(1) the phrase *reparative therapy* is one which counters the nihilism of those who declare homosexuality as "normal as apple pie" and for which nothing could or should be done. It is a phrase offering hope to many, where previously there was only despair. Its meaning is to repair the damage unfortunately inflicted in early childhood, and to open the road to possible heterosexual functioning. It is now misused by gay activist psychiatric propagandists in "spin" fashion in an attempt to separate reparative therapy from what it truly is—an eclectic psychiatric treatment involving psychoanalytically oriented psychotherapy, individual psychoanalysis, brief psychoanalytic psy-

chotherapeutic measures, group therapy, and supportive therapy. "Religious conversion" is not one of its methods.

(2) The conclusion by the Board that reparative therapy has no efficacy in "changing someone's sexual orientation" is not only false, but misguided and misleading. There are dozens of psychoanalytic reports that support the efficacy of treatment. They are well-known and quite extensive, and are presented in my chapter "On Advances in the Psychoanalytic Theory of Male Homosexuality" in *The Sexual Deviations*, edited by Ismond Rosen, Oxford University Press, (1966), pp. 252-278.

To cite simply one of them, as reported by H. MacIntosh, (1994), *Journal of the American Psychoanalytic Association*:

"... [In]response to a survey of 285 psychoanalysts [graduates of the Western Psychoanalytic Institute, DC] who reported having analyzed 1,215 homosexual patients, 23% changed to heterosexuality from homosexuality and 84% of the total group received significant therapeutic benefit" (p. 274).

The statement that psychoanalytic psychotherapy is "destructive" is completely false. Being homosexual against one's conscious will becomes "destructive" when one is *not* given help, counseling, reassurance, and understanding. We feel that alleviation of the patient's distress, in all its protean manifestations, is essential and is conceived of as a dual effort.

Assurances are made that we do not attempt the forcible removal of the symptom. Our policy is not to interdict homosexual acts, for alleviation comes about only through a gradual resolution of the unconscious anxieties and unconscious motivations that produce these acts. We proceed with correct empathy for the patient's feelings, ever

mindful of the need for gratification through homosexual acts—sympathetic in tone, manner, and voice, and thereby *diminish* guilt and other associated anxieties.

(4) While the APA removed homosexuality as a disorder in 1973-74 (a decision heavily marked by sociopolitical activism and behind the scenes lobbying, see Socarides, C.W., 1992 "Sexual politics and scientific logic: the issue of homosexuality: *Journal of Psychohistory* 10/3:308-329), the diagnosis is maintained as an official one in the *International Classification of Diseases* and subsumed in our own diagnostic manual (DSM IV) as "Sexual Disorder: Not Otherwise Classified."

Our therapeutic position is not based on "a priori assumption" that a patient *should* change his or her homosexual orientation. This is left up to the patient who comes to us for help and is desirous of change. No decision is made about the course of treatment before a thorough diagnostic, clinical interview with the patient.

**We therefore welcome** the statement of the APA Board of Trustees (a statement strongly objected to by gay activists within our association), which "recognizes that in the course of ongoing psychiatric treatment there may be appropriate clinical indications for attempting to change sexual behaviors." Such clinical conditions would include anxiety, severe inhibitions, panic disorders, homosexuality as a defense against depression, homosexuality as a defense against the appearance of psychotic manifestations, as well as a host of other associated symptoms.

Finally, the Board's negative declarations regarding reparative therapy amount to a breach of our freedom to practice psychiatry (a freedom rooted in Article One of our Constitution). This freedom to practice was furthermore *unanimously* protected in a Resolution passed by the American Psychoanalytic Association, 5/20/93 sponsored by the Social Issues Committee of the American which stated, "The American Psychoanalytic Association goes on record stating:

"Scientific issues should be researched, discussed, and debated in a scientific atmosphere of free and open exploration. Threats to disrupt scientific meetings, *intimidation of clinical researchers*, and *sexual politics* [emphasis my own] have no place in our continuing

attempts to understand human sexual behavior."

"The contract entered into by analyst and analysand is a private one. Once embarked in a treatment, the goals are the concern of the patient and analyst only; and these goals may be changed and clarified as treatment progresses" (*Resolution passed 5/20/93 American Psychoanalytic Association, San Francisco*).

I seriously hope that these comments are as important to you as to me, and as they should be to any psychiatrist worldwide. We trust that these clarifications and corrections will be reported in your Letters to the Editor column in detail, for countless individuals need the help and understanding of all psychiatrists.

Respectfully yours,

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