

## Book Excerpt:

**The Sexual Deviations**, 3rd edition, edited by Ismond Rosen, M.D., Oxford University Press, 1996.

Editor Ismond Rosen's first textbook on sexual deviations was published in 1974 under the title of The Pathology and Treatment of Sexual Deviations. It included papers by Robert Stoller, Charles Socarides, Phyllis Greenacre, and many others. A second edition was printed in 1979, and a third in 1996.

The latest edition includes chapters by Ismond Rosen, Phyllis Greenacre, Robert Stoller, Loretta Loeb, Vamik Volkan and William Greer, Adam Limentani (former president of the International Psychoanalytic Association), Joyce McDougall, Mervin Glasser, Michael Freeman, and others. The subjects covered derive largely from psychoanalytic clinical studies. It includes a chapter by NARTH president Charles W. Socarides, entitled "Advances in the Psychoanalytic Theory and Therapy of

### Male Homosexuality."

Other chapters include "Perversion of the Regulator of Self-Esteem," "Fetishism," "Childhood Gender Identity Disorders," "Transsexualism," "Reflections on Homosexuality in Women," "Dynamic Psychotherapy with Sex Offenders," and "Adult Sequela of Childhood Sexual Abuse and Methods of Treatment."

Dr. Rosen introduces Dr. Socarides' chapter as follows:

"Professor Charles Socarides has rewritten his section on male homosexuality. As doyen of U. S. psychoanalysts in this field, his ideas, based on wide experience in the treatment of male homosexuals, command great respect. They are nevertheless controversial in part, making for a very lively presentation."

The following is a small section of that chapter:

### A Survey of Treatment Results

In 1960, Edward Glover devoted considerable attention to the problem of therapy of male homosexuality.

Glover divided the degrees of improvement into three categories: (1) cure, that is, abolition of conscious homosexual impulse; (2) much improved, that is, the abolition of conscious homosexual impulse without development of full extension of heterosexual impulse; and (3) improved, that is, increased ego integration and capacity to control the homosexual impulse.

In conducting focal treatment (brief therapy aimed at the relief of the homosexual symptom), Glover commented on the significance of social anxiety present in these patients. This social anxiety, despite apparently rational justification, however, is based largely on a projected form of unconscious guilt. The unfortunate punitive attitude of society enables the patient to project concealed superego conflicts of his own, onto society and the law.

Glover felt that almost from the outset the therapist must decide whether to conduct the treatment through the regular and prolonged course of analysis, or through brief, focal therapy of the symptom. In following the latter course, he would soon find that having uncovered some of the guilt, he would then strike against a core of sexual anxiety, and, in particular, the multifarious manifestations of the castration complex. At this point the history of the individual's familial relations, traumas, frustrations, disappointments, jealousies, and so on, would come to the surface or should be brought to the surface.

The Portman Clinic Survey in England reached the following conclusion: "Psychotherapy appears to be *unsuccessful* in only a small number of patients of any age—those in whom a long habit is combined with psychopathic traits, heavy drinking, or lack of desire to change" (p. 236).

An unpublished and informal report of the Central Fact-Gathering Committee of the American Psychoanalytic Association (1956) was one of the first surveys to compile results of treatment. It showed that of 56 cases of homosexuality undergoing psychoanalytic therapy by members of the Association, they describe 8 in the completed group (which totalled 32) as cured; 13 as improved, and 1 as unimproved. This constitutes one-third of all cases reported. Of the group which did not complete treatment (total of 34), they describe 16 as improved, 10 as unimproved; 3 as untreatable, and 5 as transferred. In all reported cures, follow-up communications indicated assumption of full heterosexual role and functioning.

A research team consisting of nine practicing psychoanalysts and two psychoanalytically trained psychologists published the findings of a nine-year study of male homosexuals (Bieber, *et al.* 1962). The team psychiatrist and 77 respondents to a 500-item questionnaire were members of the Society of Medical Psychoanalysts, whose roster consisted of faculty and graduates of the Psychoanalytic Division of the Department of Psychiatry of New York Medical College. The research sample consisted of 106 male homosexuals and a comparison group of 100 male heterosexuals, all in psychoanalytic treatment with members of the Society. The data obtained were analyzed sta-

tistically in consultation with statistical experts. The results were as follows:

Of the 106 homosexuals who started psychoanalytic therapy, 29 were exclusively heterosexual at the time the volume was published. This represented 27% of the total sample. Fourteen of these 29 had been exclusively homosexual when they began treatment: 15 were bisexual. In 1965, in a follow-up study of the 29, I was able to reclaim the data on 15 of the 29. Of these 15 men, twelve had remained exclusively heterosexual; the other three were predominantly heterosexual, but had occasional episodes of homosexuality when under severe stress. Of the twelve who had remained consistently heterosexual, seven had been among the 14 who had been exclusively homosexual when they started treatment. Thus, seven men who started treatment as exclusively homosexual had been exclusively heterosexual for at least six or seven years. (Englehardt and Kaplan 1987, p. 424)

My own clinical experience with homosexual patients in private practice may well be, with the exception of Bergler, one of the most extensive. During a 10-year period from 1967 to 1977, I treated psychoanalytically 55 overt homosexuals; 34 of these patients were in long-term therapy of over a year's duration (average 3.5 years). The number of sessions ranged from three to five per week. In this group, there were only three females. The remainder (eleven) were in short-term analytic therapy (average six to seven months) at two to three sessions per week.

In addition, full-scale analysis was performed on 18 latent homosexuals in which the symptoms never became overt, except in the most transitory form. Thus, the total number treated in long-term analysis, whether overt or latent, was 63. In addition, over 350 overt homosexuals were seen in consultation (average one to three sessions) during this 10-year period.

I can report that of the 45 overt homosexuals who have undergone psychoanalytic therapy, 20 patients, nearly 50 percent, developed full heterosexual functioning and were able to develop love feelings for their heterosexual partners. This includes one female patient. These patients of whom two-thirds were of the preoedipal type and one-third of the oedipal type, were all strongly motivated for therapy.

In addition, similar positive therapeutic results have occurred during the period from 1977 to 1988 in which I have treated over 50 more overt homosexuals in psychoanalytic therapy.

In answer to those who say a successful treatment has never been demonstrated in homosexual patients, I also report a seven-year follow-up of a patient who achieved full heterosexual function and the ability to love his opposite-sex partner (Socarides 1978, pp. 497-529).

Most recently, a report by MacIntosh (1994) reveals that in

a survey of 285 psychoanalysts who reported having analyzed 1,215 homosexual patients, 23 percent changed to heterosexuality from homosexuality, and 84 percent of the total group received significant therapeutic benefit.

During the early development of psychoanalysis, reports of favorable outcome in the treatment of homosexuality rarely appeared; the outlook was pessimistic. Starting in 1944, Bergler published extensive studies confirming his finding that with suitable treatment, homosexuality could be reversed (1944, 1959). Bychowski (1945, 1954, 1956); Loran (1956), and other workers including Guardsman

(1967); Ovesey (1969); Bieber (1967), and Socarides (1969) had also published significant material to this effect, including psychoanalytic, psychotherapeutic, and group therapy.

----(Excerpted from "Advances in Psychoanalytic Theory and Therapy of Male Homosexuality" by Charles W. Socarides, M.D. in The Sexual Deviations, (3rd Ed.)

Copies of this paper may be secured by writing Dr. Socarides at and including a contribution to NARTH for ten dollars. ■