

## Have Psychoanalytic Theories of Homosexuality Been Discredited?

*Joseph Berger vs. Jack Drescher*

*Psychiatric News* recently published a letter by Jack Drescher, M.D., deputy representative of the American Psychiatric Association's Caucus of Gay, Lesbian and Bisexual Psychiatrists. He asserted that classic psychoanalytic theories of homosexuality, which conceptualize the condition as a developmental deficit, have been scientifically discredited.

He also stated that religiously-supportive therapies "convert patients to the therapist's theoretical belief," and he claimed that some reparative therapists endorse the criminalization of homosexuality.

Dr. Joseph Berger, a member of NARTH's Scientific Advisory Committee, replied to Dr. Drescher as follows:

To the Editor of *Psychiatric News*:

Dr. Drescher's tirade in the July 2nd issue against treatment of homosexuality contained many inaccuracies.

1. I am not aware of any "psychoanalytic dogma." I believe there are some different psychodynamic theories about the etiology of homosexuality, some of which make more sense than others.
2. I am not aware that these psychodynamic theories have been "disproved." How? By whom? By the opinions of Dr. Drescher and his colleagues?
3. I don't know who Dr. Drescher's respected experts are, but as someone who has researched the literature and published on the etiology of homosexuality, I cannot find in the current scientific literature any solid support for a biological causation of homosexuality. Neither is there any good support for the notion that "society" creates homosexuality.

So indeed we are left with the psychological dimension as the fundamental arena for the development of homosexual strivings.

4. I don't know much about reparative therapy, but I am not aware that "religious conversion" *per se* is in any way a goal of reparative therapy.

5. I am troubled by the anti-religious bias inherent in Dr. Drescher's tirade. The lack of respect and appreciation for the fundamental contributions the major religions have made toward dragging human civilization

out of its pagan origins and providing sets of values and guidelines for decent moral conduct, is unworthy of a psychiatrist. My conception of a psychiatrist is of a person with a broad understanding and acceptance of the diversity of human culture.

6. "Anecdotes" are not evidence. There is in fact no evidence of any special harm befalling homosexuals who enter psychotherapy with a competent psychotherapist. In my paper (*American Journal of Psychotherapy*, 1994) and in numerous publications by other therapists, successful treatments with self-identified homosexuals have repeatedly been confirmed.

But there is evidence that enormous harm may occur to homosexuals who neither enter therapy with a qualified professional, nor become involved with some religious support groups.

That evidence is the final state known as death, resulting from the disease known as AIDS.

I have had patients who came to me for psychotherapy and who told me that if they had taken the advice offered by pro-gay clinics and therapists to "accept their homosexuality," they would have been dead by the time I saw them.

7. If political steps – including the political decision to remove homosexuality from the DSM - interfere with the opportunity for those homosexuals who wish to explore and question more deeply their sexual wishes, desires, and fears, then such political behavior is out of place. As long as therapists are knowledgeable and competent, have core values of decency and morality, and approach their patients in an understanding, unprejudiced, and helpful manner, homosexuals have nothing to fear and everything to gain.

Referring a person troubled by homosexual thoughts or behavior to a prejudiced "pro-gay" therapist trying to "convert" the patient to "accepting" their homosexuality may give rise to as many problems as might arise in referring such a patient to a well-trained psychodynamic psychotherapist.

Yours Sincerely,

Joseph Berger, M.D.