

## In Defense of Scientific Truth

by Charles Socarides, M.D. (1922-2005)

It is a matter of professional responsibility to comment on an article appearing in the *New York State Psychiatric Association Bulletin*, APA, Area 2, Volume 4, Number 4, pp. 8-10 by Jack Drescher, M.D. in your Spring/Fall issue, 1997, entitled "What Needs Changing? Some Questions Raised by Reparative Therapy Practices."

This essay is so filled with defamatory statements, inaccuracies, false assertions and conclusions, as well as misinterpretations, that it would take a full-length feature essay to correct them all. Dr. Drescher, a prominent member of the national central committee of gay lobbyists, has egregiously utilized his position as associate editor of the *Bulletin* to tar and feather those who practice psychoanalytically informed psychotherapy (reparative psychotherapy) with homosexual patients. Let me be crystal clear: "reparative therapy" is simply psychotherapy aimed at repairing the damage done in early childhood which has led to the development of a prehomosexual child, and later a homosexual adult. Obligatory homosexuality is a developmental disorder--contrary to Drescher's political bias--and those who desire to correct the problem should have the right to do so by pursuing this course of treatment.

Deriding even the normality of heterosexuality, Dr. Drescher dismisses any scientific reports on successful treatment as misguided, ineffective, and even "cruel." Nowhere does he cite the successes found in the following reports:

- (1) Edward Glover's report (1960 Portman Clinic Survey, London),
- (2) a fact-gathering committee report of the American Psychoanalytic Association (1956),
- (3) the Bieber, et al. report (1962),
- (4) the MacIntosh report in 1994 published in the *Journal of the American Psychoanalytic Association* (1955).

The latter was a responsive survey of 285 psychoanalysts who reported having analyzed (done brief or reconstructive psychoanalytic psychotherapy, i.e., reparative psychoanalytic therapy) with 1,250 homosexual patients, 23% of who changed to heterosexuality from homosexuality and 85% had significantly benefited from therapy.

While Dr. Drescher disregards such figures as immaterial--or perhaps he does not know of them--one has only to remember that only approximately a third of patients with obsessional neuroses, severe phobic, or severe anxiety conditions are completely cured of those conditions.

The National Association of Research and Therapy of Homosexuality (NARTH) report of 1997 confirmed the

MacIntosh study.

Finally, in the official pages of *Psychoanalysis: the Major Concepts*, 1995, edited by B. E. Moore and Bernard D. Fine, published by Yale University Press, Jon K. Meyer, M.D., commissioned to write a definitive paper on the status of our knowledge of homosexuality for the American Psychoanalytic Association's Glossary, has given a balanced and coherent view of the problem. Nowhere in this fair article does Dr. Meyer dismiss the work of Socarides and other psychoanalysts and the importance of psychoanalytic psychotherapy for homosexuality, either from a research, clinical, or therapeutic point of view.

Space dictates that I comment only on several other false assertions presented by Dr. Drescher. Foremost among these is his ignorance of what led to the removal of homosexuality from the DSM in 1973. He blandly asserts that this action was simply due to an "examination" of "unexamined cultural stereotypes of gender and identity" in a "new world that offers an ever increasing number of biological paradigms for normal homosexuality" (p. 8).

In truth, this scientific hoax instigated by gay activism within the American Psychiatric Association led to a revolutionary change in our sexual mores and customs. This change, more revolutionary than all other changes in recent social history, was ushered in by a single act of considerable consequence: the removal, through social-political activism, of homosexuality from the category of aberrancy by the American Psychiatric Association. It was, furthermore, a fateful consequence of our disregard for the established psychoanalytic knowledge of human sexual behavior (see, "Sexual Politics and Scientific Logic: The Issue of Homosexuality," *The Journal of Psychohistory*, Vol. 10, no. 3, Winter 1992, New York and London), as well as the revelations by Dr. Ronald Bayer (Fellow of the Hastings Institute of New York and now professor in the Columbia School of Social Work) that "the Council on Research and Development of the American Psychiatric Association [and the Board of Trustees, APA] did not officially investigate or study the issue thoroughly before it gave formal approval to the deletion of homosexuality from the DSM II." (Bayer, R. 1975, *Homosexuality and American Psychiatry*, Princeton University Press, pp. 130-131).

Now Dr. Drescher wishes to put the final nail in the coffin of hope for the homosexual and his family. All in all, to many American psychiatrists, including those of our District Branch, this action has remained a chilling reminder that if scientific principles are not fought for, they can be lost.

Dr. Drescher complains of the "rhetoric" of NARTH, a rhetoric which hardly exists. We have been essentially silenced by the peremptory rejection of our scientific papers at national and local APA meetings; advertisements for our public forums have been cancelled, and we have been branded as "bigots," "homophobes," or "prejudiced." Freedom of thought and intellectual inquiry are overwhelmed by the deluge of gay propaganda and the lies of the highly monied, omnipresent, gay activist lobby.

Finally, it should be recalled that in 1972, against the rising power of the gay political psychiatric machine and its confusing impact on the media, the New York County District Branch of the American Psychiatric Association, to its credit, under the leadership of Dr. Bernard Diamond, established a Task Force on Homosexuality as an official committee of our organization. Its purpose was to shed light on the nature, meaning, and content of homosexuality to psychiatry and an increasingly bewildered public. Thus the first all-psychiatric task force on homosexuality was born. It was and has been the only such medically-oriented body in the country.

After two years of deliberations and sixteen meetings, the task force, composed of a dozen experts affiliated with our district branch and the major medical centers of New York City, attempted to submit its report on homosexuality to the Executive Council of the New York City District Branch headed by Dr. Robert Campbell. This report unanimously documented the fact that obligatory homosexuality was a disorder of psychosexual development, and it simultaneously asked for civil rights for those suffering from the dis-

order. The report was deemed "not acceptable" to the new members (Dr. Bernard Diamond had died during the interim), and some old members of this executive committee.

The message was coming through loud and clear; the only report acceptable would have been one that was not only in favor of civil rights, but that also declared homosexuality not a psychosexual disorder. The committee was then dissolved.

Its members, determined that the report see the light of day, eventually published it as a "study group" report in the late spring of 1974 (New York City District Branch, APA Task Force Report, members: Socarides, C. W. (cochairman), Bieber, I. (cochairman), Bychowski, G., Gershman, H., Jacobs, T. J.; Myers, W., Nackenson, B. I., Prescott, K. F., Rifkin, A. H., Stein, S., Terry, J.) Published in the *International Journal of Psychiatry*, 2(4) 460-479, (1973) (a copy of this report may be obtained by writing to the author of this letter).

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