

**How Did He Do It? A Review of *Overcoming Homosexuality*
by Dr. Robert Kronemeyer**

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Overcoming Homosexuality by Dr. Robert Kronemeyer (1920–1995) was published in 1980, well after the 1973 decision by the American Psychiatric Association (APA) that removed homosexuality as a mental disorder from the APA Diagnostic and Statistical Manual (DSM). This book indicates that not every psychologist practicing at the time agreed that homosexuality was not worthy of treatment. While no longer in publication, a review of this book (220 pages) is worthwhile because it highlights the historical development of therapy for homosexuality. Some of the approaches used by Kronemeyer were incorporated into therapy advocated by subsequent practitioners. He was licensed as a psychologist in 1958 in New York and practiced at the New Horizon Revitalization Center in Southampton, NY. He tried to popularize his overall approach to psychotherapy, calling it Syntonic Therapy, and elucidated this better in his 1994 book, *Syntonics: A Dynamic New Program for Total Health & Happiness*, but failed to draw a significant following. In this book, he claims an 80% success rate for helping homosexual clients achieve their goals in therapy, loosely defined as normal heterosexual functioning. A number of factors likely bias his findings, as is common with most practitioners treating homosexual populations. His clients were not mostly white Catholics males, as in the case of Nicolosi, or a prison population, as in the case of Van DenAardweg. His homosexual population was largely white New Yorker males and females who had serious enough mental problems to see him as a psychotherapist. Kronemeyer characterized his clients' motivation as usually due to the breakup of a romantic relationship (p. 131). His success figures were further inflated by the fact that he excluded psychotics, psychopaths, and those forced into therapy; but included those able to direct their aggression therapeutically, and those who were strongly motivated. With such a biased sample, the 80% figure sounds more likely. He was ahead of his time in that he viewed homosexuality as a symptom of a deeper psychological problem which interfered with normal psychosexual development and not an entity to be treated per se (Chapter 9). This is the mistake that current "conversion" therapy bans make regarding homosexuality, i.e., assuming practitioners are treating the entity of a same-sex attraction and attempting to change it to an entity of opposite sex attraction.

His contribution to psychotherapy, which he called Syntonic Therapy, is not to be confused with Syntonic Light Therapy, which is also used for emotional disorders. He was of the opinion that “man is born with the self intact. He is alive and his energy is flowing” (Chapter 8). Basically, he is saying that we are born perfect with a clean slate and through contact with our poor environment we develop pathologies. From this perspective, homosexuality could never be innate, inborn, or genetic, but would be the result of environmental influences starting possibly as early as the womb. For this reason, this is not a book for parents of a gay child. He lays the majority of the blame on the mother (e.g., “when the wicked witch of the nursery is exposed and exorcised”) (p. 117). Yes, it gets that bad. He does offer Chapter 13 for parents, but I would not recommend it. He is good when he recommends parents not overreact with hysterics when a son or daughter comes out (p. 202). He feels prayers are useless, thus agreeing that the “pray the gay away” approach does not work. He does give several developmental markers for identifying the pre-homosexual child (p. 198). He recommends parents take a long hard look at themselves and “get themselves straightened out to some degree” (p. 200) before attempting to help their children. Then he turns around and states, “A large spirited parent might even say—and he would only be telling the truth—‘if it weren’t for your parents, you wouldn’t need to be seeing a therapist’” (p. 203), which is clearly not the view of most therapists engaged in this type of work today. He posits most of the damage in the first two years of life in line with others who view homosexual feelings as primarily a problem of identity which failed to develop during the first two years of individuation. Later practitioners recognize this as one type of individual who ends up gay but acknowledges other pathways into homosexuality that develop later in life. In his view, “the chief block to therapy is the *‘incapacity of patients to feel’*” (p. 113; emphasis added). He adopts features of Janov’s Primal Scream Therapy in attempting to get patients in touch with their bodies and feelings. A feature of this practice is carried over into Nicolosi’s therapy in “body work” as described in *Shame and Attachment Loss: The Practical Work of Reparative Therapy* and in that of experiential therapy weekends offered by others. He says, “to bring about deep personality change it is necessary to have intense emotional experiences” (p. 114). “In Syntonic Therapy, rage is brought to the surface and allowed full expression so that it can thaw out and transform tension and terror.

. . . Once inner hidden enemies are challenged and overcome, strength, self-esteem, and well-being bloom..... The person who has reunited mind and body in a harmonious synthesis will have the natural balance and syntony to meet the vicissitudes of life.....” (p. 119). This sounds a lot like emotive therapy elucidated in Fosha’s book, *The Transforming Power of Affect: A Model for Accelerated Change* (2000), which Kronemeyer predates by about twenty years.

The author also states, “I believe in touching my patients” (p. 125). Having himself undergone psychoanalysis by Wilhelm Reich (pp. 107–109—a fascinating read), it is little wonder that he was open to touching his clients. “Reichians conducted treatment with the patient more or less naked, so that the therapist could literally observe the constricting muscular armor To the best of my knowledge, no homosexual ever found a ‘cure’ through orgone therapy” (p. 93). Nothing in the book suggests his touching clients went beyond what most would consider appropriate. There is no advocacy for holding therapy as has been done by some in an attempt to treat “touch deprivation.” Holding therapy and inappropriate touch violate item 6 of the Alliance Guidelines for Therapy, which says, “Clinicians are encouraged to utilize accepted psychological approaches to psychotherapeutic interventions that minimize the risk of harm when applied to clients with unwanted same-sex attraction.”

Kronemeyer calls circumcision “the rape of the phallus” (p. 211), another trauma of early childhood. Interestingly, this is a physical characteristic that can be relatively easily reversed without surgery. A key part of his therapy involved vocalization in varied form, borrowing heavily from Janov’s Primal Scream Therapy introduced in the 1970s. “Sounds trigger emotions because—the language of infancy—they are able to kindle buried memories and experiences” (p. 124). Another technique employed by him was to have clients draw pictures of themselves at various stages of therapy. This indicated in his view progress in therapy as the pictures became fuller, more detailed “with no parts missing” (p. 129).

In Chapter 11 he gives several success stories. Eight vignettes are discussed: five male and three female cases. All achieved goals which included heterosexual expression, but only one male specifically mentioned a new sexual attraction to women. Two went on to heterosexual marriage, four to heterosexual

relationships, and two males who were already married at the start of therapy reported an improvement in their marriage.

In Chapter 12, “Self Help for the Homosexual,” he discusses body health including nutrition, deep breathing and relaxation exercises, emotional health, mental health (including dream analysis), spiritual health, and meditation (including positive imagery). Six destructive mental attitudes are mentioned: (1) “I want to be liked by everyone”; (2) “How can I be happy in a world like this?”; (3) “It is better to be safe than sorry”; (4) “What’s done is done”; (5) “The cards are stacked against me”; and (6) “The people around me are my problem” (pp. 184–185).

He spends a whole chapter (14) on opposition to societal discrimination against homosexuals, which was the original purpose behind removing homosexuality from the DSM. He still believes homosexuality is a disorder, however, when he says, “When the gays proclaim that homosexuality is no more peculiar or unusual or abnormal than, say, being color-blind, I feel they are making an egregious error” (p. 219). He advocates for acceptance yet does not hold much hope for happiness for gays. “People whose lives are fraught with deep inner conflict and are antithetical to the rest of society must necessarily lose much of the joy of being in tune with the universe—the joy of being alive” (p. 220).

Kronemeyer’s book gives us a picture of what talk psychotherapy for clients with unwanted same-sex attractions was like in the 1970s. His motivation would seem not only to be to help what at the time was considered a difficult class of hurting people, but also to promote a particular branding of psychotherapy, which has been the norm for psychotherapists since Freud. Only a few of these, such as cognitive behavioral therapy and EMDR, have enjoyed scientifically reproducible confirmation. In this regard Kronemeyer’s message might best be summarized as good psychotherapy can help motivated same-sex attracted people attain their own life goals, which includes happiness as well as heterosexual functioning.

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